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ABSTRACT

This instructional package, one of four designed for regular vocational students, focuses on the vocational area of medical assistant. Contained in this document are forty learning modules organized into four units: office surgery; telephoning; bandaging; and medications and treatments. Each module includes these elements: a performance objective page telling what will be learned, what materials will be needed, and how the student will be evaluated; information pages (not always included) which provide information needed to perform the activity; and job step pages which detail steps (visuals included) necessary to do the tasks. (This document and related documents CE 017 569, CE 017 570, and CE 017 572 are one of two sets of learning modules on medical assistants written in formats designed for regular vocational and visually impaired students. These modules are part of a total set which include over 1,300 modules written in a variety of formats on building maintenance, dietetic assistant, small engine repair, medical assistant, and graphics.) (JH)

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CAPITAL AREA CAREER CENTER
Ingham Intermediate School District
611 Hagadorn Road
Mason, Michigan 48854

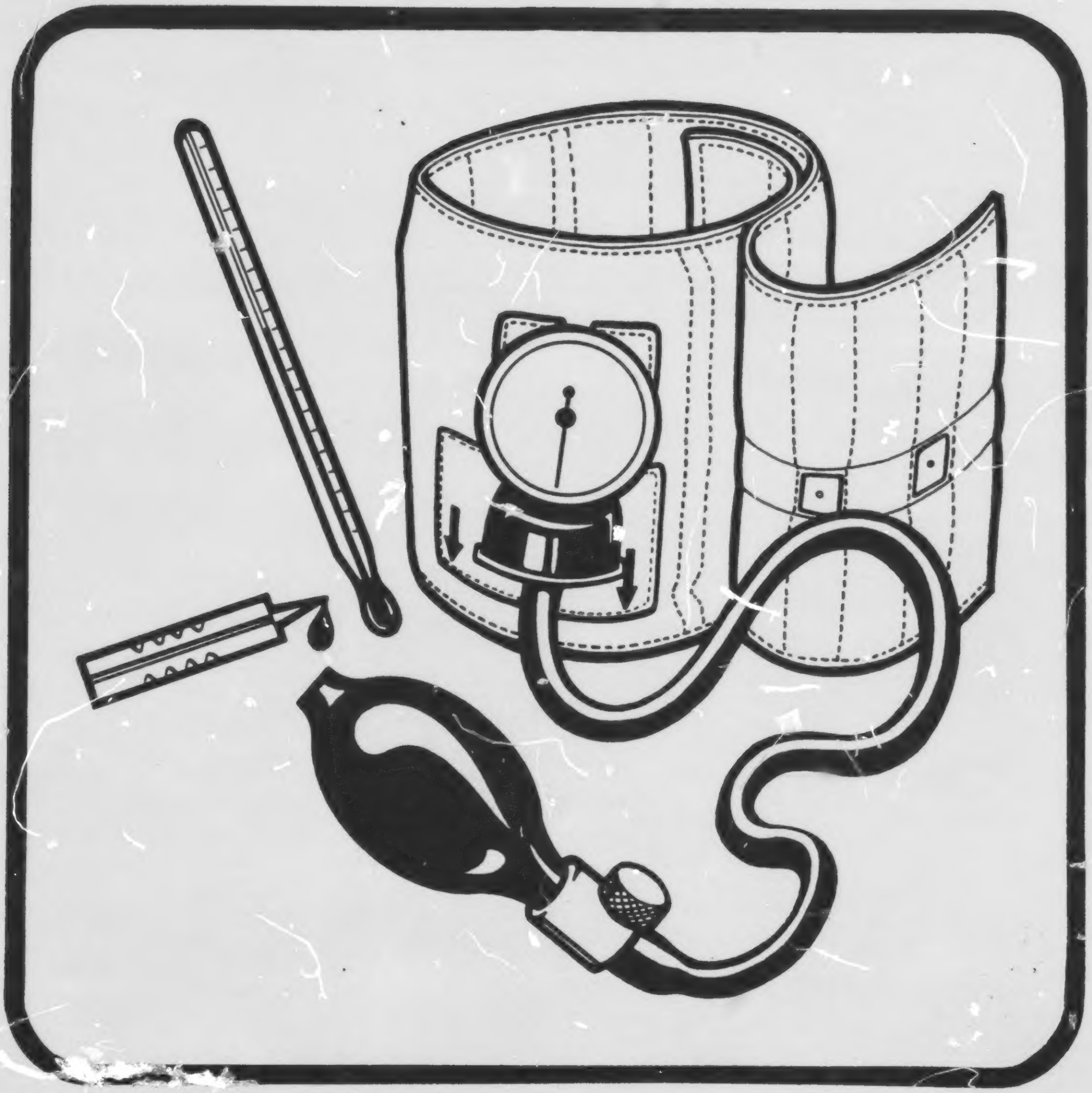
TO:

MULTIPLE LEARNING STRATEGIES PROJECT

MEDICAL ASSISTANT

[Regular Vocational - VOL. 3]

CE 017 571



medical assistant

unit: OFFICE SURGERY

capital area career center

module: 4401 08 001 date: March 1977 level: III

skill title: How To Shave A Surgical Site

developed & written by: Beverly Varney

visuals by: Mary Ann Gamel

WORD GUIDE

SITE - (sight) location, the place on the body where the surgery is being done.

SURGICAL (sir-jick-all) refers to cutting.

PHISODERM - (fye-zoe-derm) a soap which has an antiseptic action.

ANTISEPTIC - (ant-ee-sep-tic) against germs.

PERFORMANCE OBJECTIVE

You are going to learn:

How to shave a surgical site.

And in order to do this you will need:

- classmate to act as your patient
- razor
- four 3 x 3 gauze squares
- small basin with phisoderm and water
- small basin with plain water
- flashlight
- wastebasket
- bath towel

We will know you can do it when:

1. All hair is shaved 2 1/2" around the surgical site.
2. All loose hair is removed from the area.

WORD GUIDE

STERILE - (ster-ill) free from germs or bacteria.

ASEPTIC - (a-sept'-ick) free from germs or bacteria.

STERILIZE - (ster'-ill-ize) to make free from germs or bacteria.

LACERATION - (lass-er-a'-shun) a cut.

SCALP - (skalp) the skin on the head.

INFORMATION

Surgery is a sterile or aseptic procedure. It is impossible to sterilize skin. The next best thing is to make it as free from bacteria as possible. Hair grows from all of our skin surfaces. If we are to make the skin as sterile as possible, we must remove the hair. The best way to do this is to shave it off.

Another surgical procedure you may have to shave hair for is a cut or laceration on the scalp. In this case, with scissors, you will cut short the hair around the laceration and then shave it with a razor.

WORD GUIDE

CYST - a sac developing abnormally in the body.

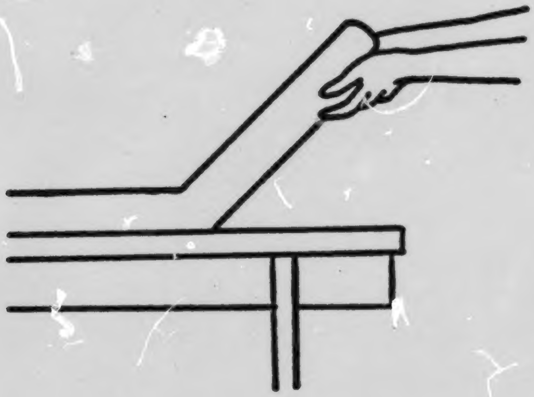
JOB STEPS

For this module you will use a classmate for a patient and "pretend" they have a one-inch cyst halfway between the knee and ankle of the left leg.

1. Ask the patient to come into the examining room.

2. Have the patient sit on the table.

3. Raise the head-rest of the table to about a 45° angle.



4. Raise the foot-rest of the table.

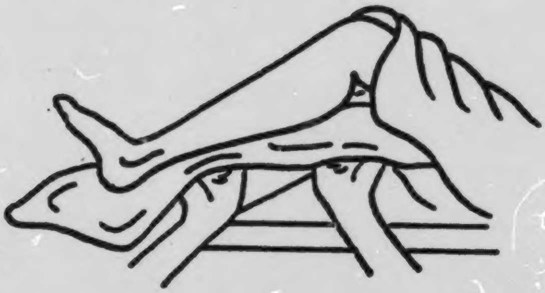
5. Bare the patient's left foot and left leg from the knee down.

WORD GUIDE

GTT - abbreviation for "drops."

JOB STEPS

6. Place the bath towels under the patient's leg.

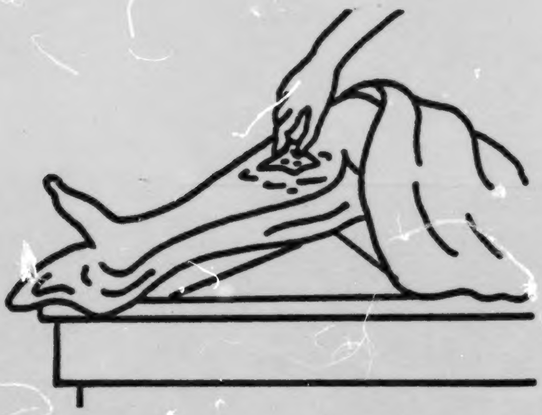


7. Fill the first basin with warm, clear water.

8. Fill the second basin 2/3 full with warm water and add about 20 gtt. Phisoderm.

9. Place the gauze squares in the soapy water.

10. Take the first gauze square and wash the area as shown below.



Start in the center and use circular motion to wash the entire area. Throw the gauze in the wastebasket.

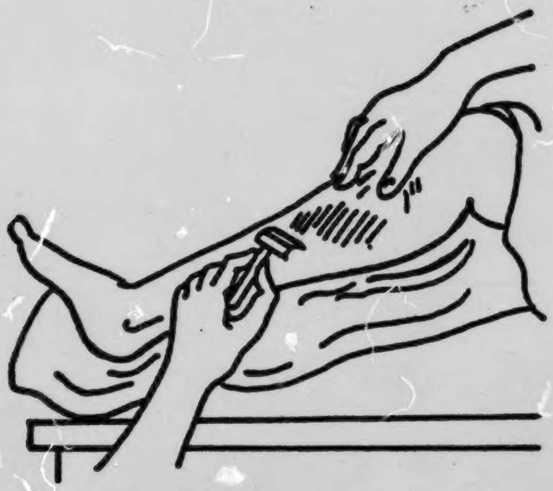
WORD GUIDE

H_2O - water

PRN - abbreviation for "as often as necessary."

JOB STEPS

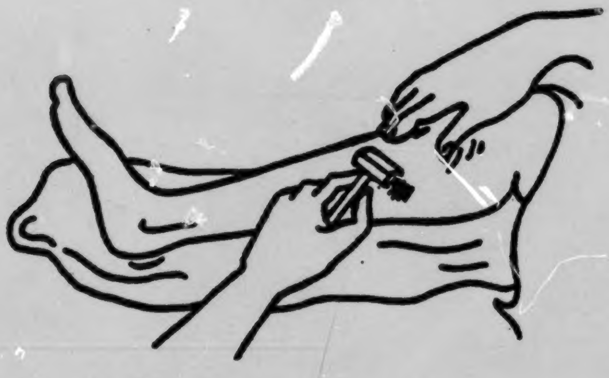
11. Take the razor in your hand. Place the other hand so it pulls the skin in the opposite direction from the hand the razor is in.



12. Begin at the center of the cyst and shave out 2 1/2" to 3" from the center. Do this in one smooth stroke being careful not to nick the skin.

NOTE: Rinse the razor in the clear H_2O prn.

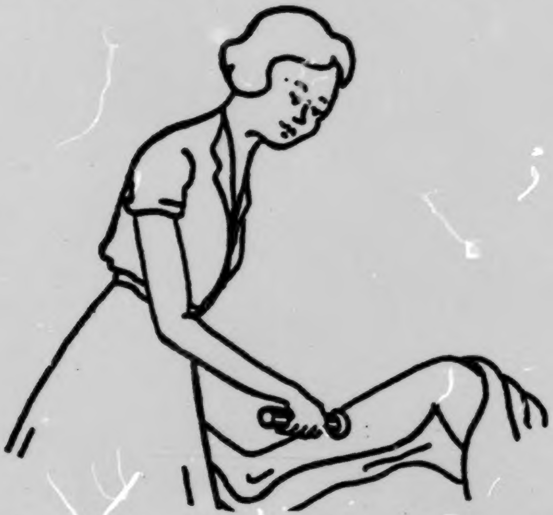
13. Repeat until the entire area is done.



JOB STEPS

14. Take the second gauze square and wash the area as you did in step 10.

15. Turn on the flashlight and check to see if you missed any hair.



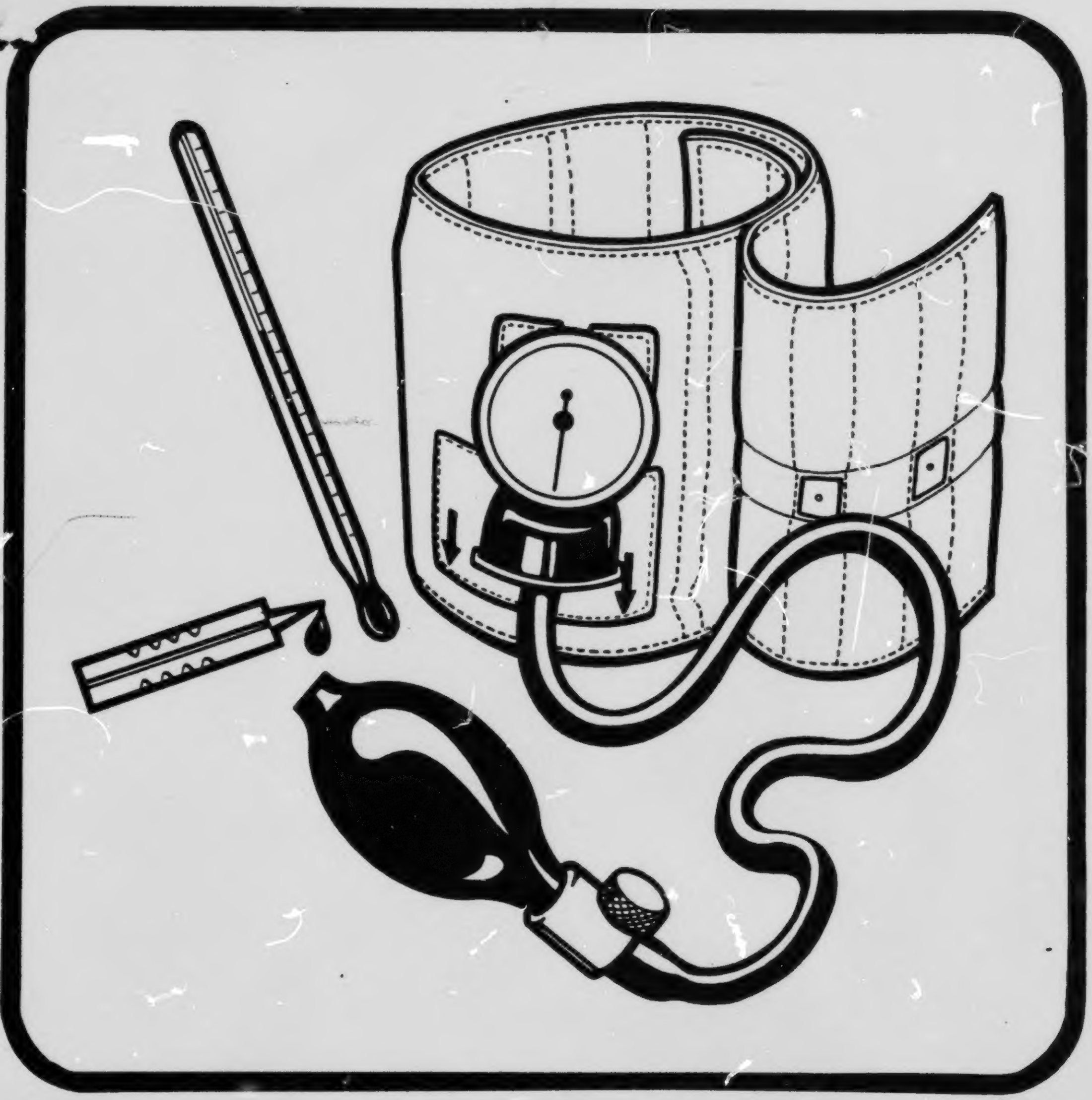
Check with the light and your eye at the level of the site.

16. If you missed any hair, shave it off.

17. Use the other two gauze squares to remove any loose hair from the site.

18. Set the equipment from this mod on the second shelf of the cart when you are done.

To be passed on this module: demonstrate steps 1 through 18 for your instructor.



medical assistant

unit: OFFICE SURGERY

capital area career center

module: 4401 08 002 **date:** January 1977 **level:** III

skill title: How To Prepare A Surgical Site With An Antiseptic Solution

developed & written by: Beverly Varney

visuals by: Mary Ann Gamel

PERFORMANCE OBJECTIVE

You are going to learn:

How to prepare a surgical site with antiseptic solution.

In order to do this you will need:

A 4" round stainless steel basin

5 3" by 3" gauze squares

1 glass medicine cup

5 cotton balls

1 ring forceps

4 paper wrappers

Stainless steel cart

Autoclave tape

Autoclave

A bottle of aqueous merthiolate

Phisoderm

Distilled Water

A classmate to act as a patient

We will know you can do it when:

1. The skin has been washed with phisoderm solution 2 1/2" by 3" around the area of the cyst.
2. The skin has been painted with aqueous merthiolate 2 1/2" to 3" around the area of the cyst.

WORD GUIDE

"PREP" - A medical slang term used to mean "prepare the skin for surgery"; in other words to shave and to paint over with antiseptic solution.

INFORMATION

This skill follows immediately after the one learned in module 4401 08 001, Shaving A Surgical Site. As soon as the surgical site has been shave you will "prep" it with antiseptic.

In module 4401 08 001 you were using a classmate with a "pretend" cyst on the left leg. Continue in the same manner with this mod.

1. How to set up a local anesthetic.
2. How to shave a surgical site.
3. How to prepare a surgical site with antiseptic.

In an office setting you would check the appointment book and would know that surgery is scheduled. You would most likely wrap and sterilize all equipment the day before the surgery is scheduled.

WORD GUIDE

AUTOCLAVE	-(aw'-toe-klayve)- A machine used to sterilize things by steam under pressure.

JOB STEPS

Preparation Of Equipment

1. Place the five 3" by 3" gauze squares in the 4" round basin.

2. Place the 5 cotton balls in the glass medicine cup and lay it on top of the gauze squares inside of the basin.

3. Wrap the basin in two paper wrappers and seal with autoclave tape.

   NOTE: If you do not remember how to wrap sterile packages, review module 4401 04 004.

4. Wrap the ring forceps in the other two paper wrappers, and seal with autoclave tape.

5. Autoclave the two packages for twenty minutes.

   NOTE: If you do not remember how to operate the autoclave, review module 4401 04 009.

Now take your equipment to the patient's side.

WORD GUIDE

CONTAMINATE - (kahn-tam'-ih-nate) - Make unsterile.

OUNCE - Liquid measure equal to 30 ml. The medicine cup holds one ounce.

MERTHIOLATE - (mir-thigh'-oh-late) - An antiseptic.

JOB STEPS

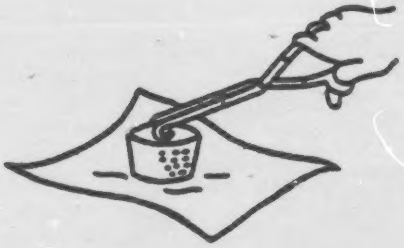
Setting Up The Equipment

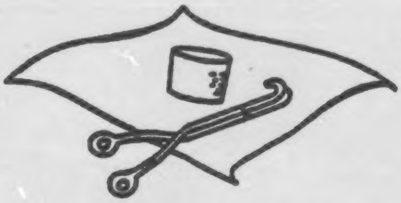
1. Open the package containing the basin. Take care not to contaminate the contents.

   NOTE: If you do not remember how to do this, review module 4401 04 012.

2. Using the same care, open the package containing the ring forceps.

3. Take the ring forceps by the handles and set the medicine cup upright on the sterile side (inside) of the paper wrapper. Lay the forceps down on the wrapper so the sterile end is on the paper.





4. Take the container of phisoderm and squeeze about 20 gtt. (drops) onto the gauze squares.

5. Take the container of distilled water and pour a small amount into the wastebasket. This washes the lip of the container. Then pour about an ounce into the basin.

JOB STEPS

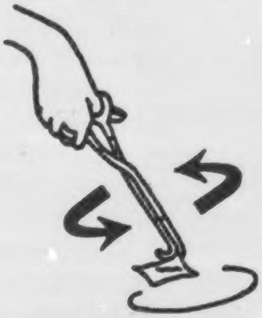
6. Take the container of merthiolate. Pour a small amount into the wastebasket. Pour just enough into the medicine cup to moisten the cotton balls.

7. Pick up the basin, being careful to touch only the outside of the basin, and being careful not to touch anything else on the sterile field.

8. Using your other hand, pick up the forceps by the handle.

9. Using the forceps tips, pick up one gauze square from the basin.

10. Wipe over the surgical site as shown below. Repeat with each gauze square.



11. Put down the basin next to the sterile wrapper and pick up the medicine cup.

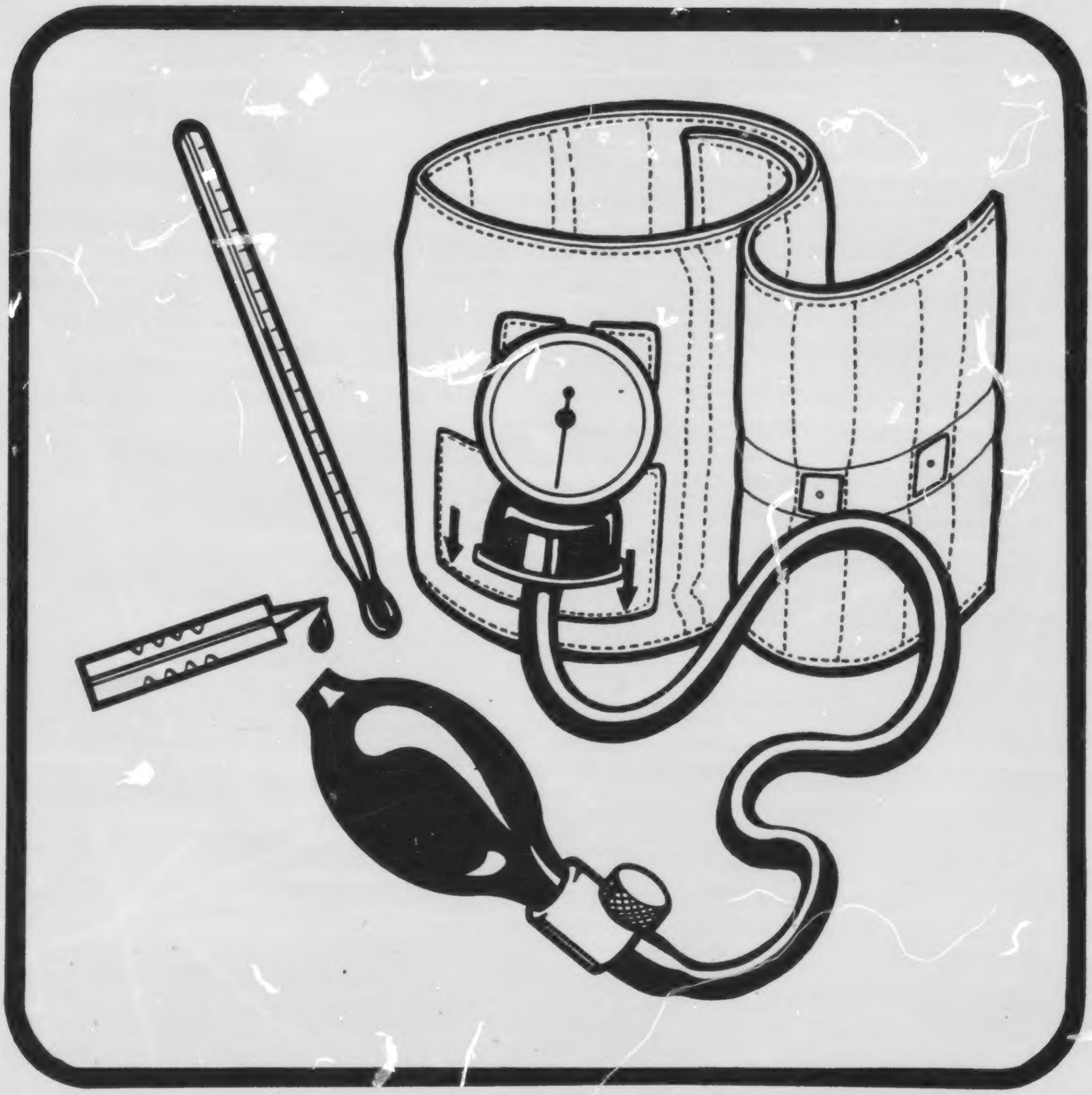
12. Repeat step 9 using the cotton balls and merthiolate.

13. Remove the bath towel from under the patient's leg. (You placed it there before you shaved the site.)

14. Move all used equipment to the second shelf of the cart.

At this time, the doctor will probably inject the anesthetic into the surgical site in order to make it numb. While he/she is doing that, you will set up the instruments. (Your next module, 4401 08 003.

To be passed on this module: Demonstrate the Job Steps to your instructor. You should also fill out a "review" credit slip for modules 4401 04 004, 4401 04 012, and 4401 04 009 if you did them correctly.



medical assistant

unit: OFFICE SURGERY

capital area career center

module: 4401 08 003 date: March 1977 level: III

skill title: How To Set Up A Local Anesthetic For Office Surgery

developed & written by: Beverly Varney

visuals by: Sandra Gostomski

WORD GUIDE

ANESTHETIC - (ann-ess-theh'-tick) a drug or gas used to cause loss of feeling.

SURGERY - (sir'-jur-ee) a method of treatment which uses cutting.

SYRINGE - (sir-in'-gh) a piece of equipment used to hold liquid for injection.

INJECTION - (in-jeck'-shun) a method used to put liquid into or under the skin or tissue.

GAUGE - (gage) a measure of the thickness of a needle, it tells how big around a needle is. The larger the gauge number is the smaller around a needle is.

PERFORMANCE OBJECTIVE

You are going to learn:

How to set up a local anesthetic for office surgery.

And in order to do this you will need:

Two 5 cc syringes

a 25 gauge by one inch needle

a 22 gauge by 1 1/2 inch needle

3 sterile cotton balls

alcohol dispenser

vial of local anesthetic

transfer forcep

We will know you can do it when:

1. The equipment is laid out as this mod tells you.
2. You have not contaminated any equipment as you lay it out.
3. You can answer the questions at the end of this module.

WORD GUIDE

CERVIX - (sir-vicks) the neck of the uterus.

ABDOMEN - (ab-doe-men) the part of the body from below the waist to the thighs on the front side.

NOVOCAINE - (no-vo-cane) the brand name for one kind of anesthetic.

CAUTERIZATION - (caw-ter-eyes-a-shun) to destroy tissue by burning with electricity or a chemical.

INTRAVENOUSE - (in-trah-vee'-nuss) into a vein.

VEIN - (vane) a blood vessel which carries blood toward the heart.

INFORMATION

Have you ever watched "Doc" on *Gunsmoke* give his patient a big drink of whiskey before he did an operation? Before anesthetics were made, the patient had no choice except to suffer a lot of pain. This is not necessary any more because we have good, safe anesthetics to use.

There are four main types of anesthetics. They are topical, nerve block, general and local. A *topical anesthetic* is one which you apply to the surface. Some examples are a burn ointment, eye drops and novocaine to be used on the cervix before cauterization. A *nerve block* is an injection. The doctor puts the anesthetic into the nerve with a syringe. This numbs the area of the body which that nerve serves. A *general anesthetic* puts the whole patient "to sleep". It is used for surgery in deep tissues, line in the abdomen. General anesthetics are not used in the medical office. They can be gases which are breathed in or liquid drugs which are injected intravenously.

In this mod we are going to use a local anesthetic. *Local anesthetics* are injected under the skin and into the tissue around the area the doctor is going to cut into. They are also used to inject around an accidental cut before the doctor stitches it up.

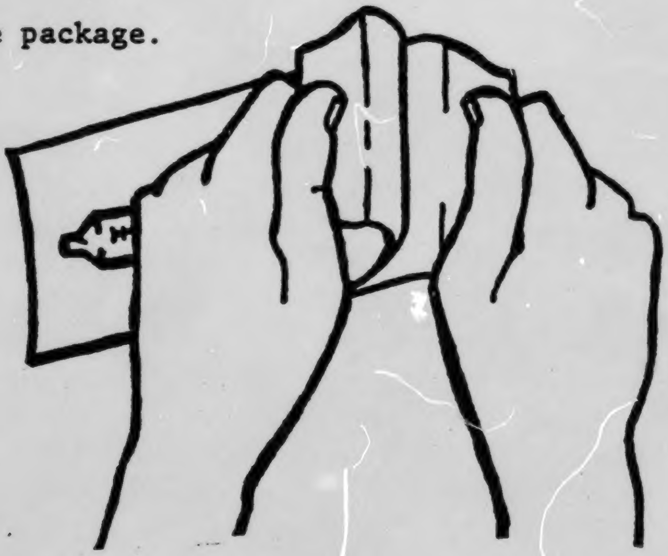
Patient's who are to have surgery are often afraid. It will be part of your job as a medical assistant to calm the patient. The paragraph listed below will help you to know how to do this.

The Medical Assistant, 3rd Edition by Bredow and Cooper, *Chapter 12, page 173*, "Preparation of the Patient".

JOB STEPS

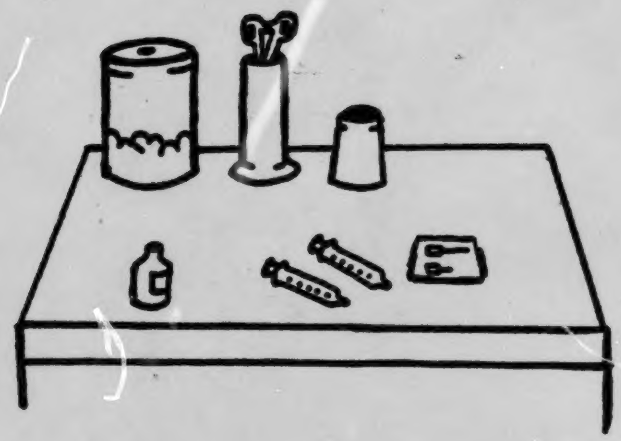
1. Get all the equipment you need from the cupboard except the sterile cotton balls.

2. Open the syringe package.



Pull to peel the paper wrapper apart.

3. Lay the equipment on the top of a cart as shown in the picture below.



JOB STEPS

4. When the doctor is ready to fill the syringes with the local anesthetic, remove the cotton balls from the sterile container with the transfer forceps. If you do not remember how, review mod 4401 04 003 -- Using Sterile Transfer Forceps.

5. Fill the syringe with 4 cc normal saline for this module. (Review 4401 11 006 -- Drawing Medication from a Vial into a Syringe, if necessary).

6. Move the equipment from this mod to the second shelf of the cart after the doctor had injected the anesthetic.

7. Refer to module 4401 08 009 . To be passed on this module:

   Demonstrate steps one through six to your instructor and then answer these questions orally to your instructor.

   1. What are the four main types of anesthetics?
   2. What does gauge measure on a needle?
   3. Why does the doctor use an anesthetic?
   4. Be able to spell these words:
      anesthetic
      injection
      syringe
      gauge

Reread this module to find answers to 1, 2 and 3 above.

medical assistant

unit: OFFICE SURGERY

capital area career center

module: 4401 08 004 **date:** March 1977 **level:** III

skill title: How To Do a Short Scrub

developed & written by: Beverly Varney

visuals by: Mary Ann Gamel

WORD GUIDE

SUTURE - (suit-your) thread to sew up a cut.

"GLOW-GERMS" - a powder your teacher will put on your hands before you scrub. If you miss some spot the "glow-germs" make that spot show under the black light.

SCRUB - a "super-good" wash job.

PERFORMANCE OBJECTIVE

YOU ARE GOING TO LEARN:

How to do a short scrub.

AND IN ORDER TO DO THIS YOU WILL NEED:

Container of phisoderm and a scrub brush or a sponge scrubber which already has the soap in it.

An orange stick or other nail cleaner.

The package of towels you sterilized (in mod 4401 08 009).

The glove (from mod 4401 08 009).

"Glow-germs" and the black light.

The instrument tray you prepared (in mod 4401 08 009)

#10 knife blade

1 package 000 suture

WE WILL KNOW YOU CAN DO THIS WHEN:

1. You cleaned your nails before the scrub.
2. You have washed your hands and arms for three minutes with phisoderm and a brush.
3. You can show you didn't miss any spots because the "glow-germs" are all gone.
4. Your hands have never been below the level of your elbows while you did the scrub.

INFORMATION

Not everywhere you work will you be required to scrub. We want you to know how to scrub in case you are asked.

The "scene" for this mod is the same as in the other Office Surgery mods. You should have already done mods 4401 08 001., 4401 08 002, 4401 08 003, 4401 08 009 in preparation for this module.

The following film shows how a scrub is done in a hospital surgery. It will give you some tips. Get it from Room 306.

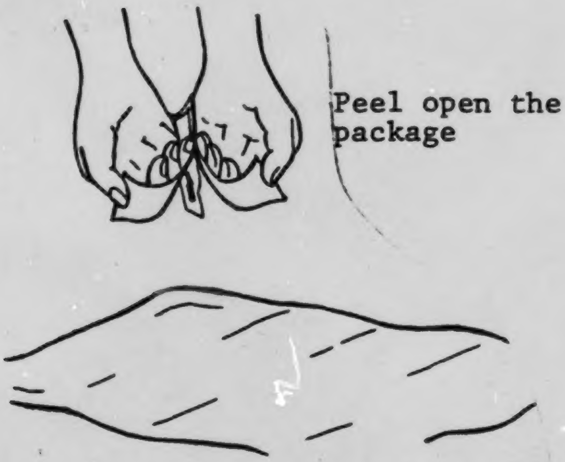
> McGraw Hill Technicolor Projector and Operating Room Surgical Scrub.

JOB STEPS

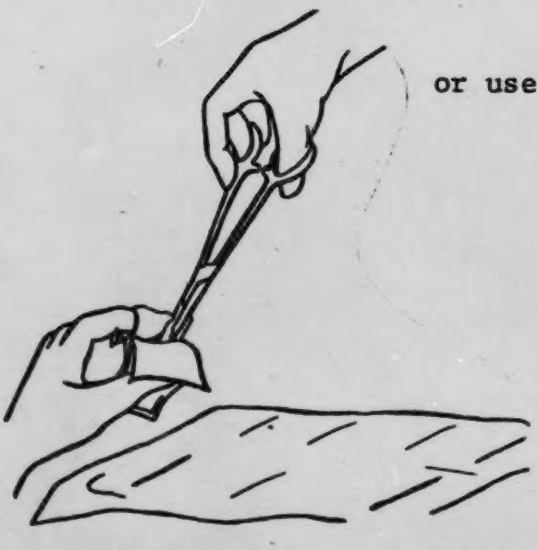
Preparation of Equipment Before You Scrub:

1. Set the tray of prepared instruments on the top of the cart. Use aseptic technique and open the outside wrapper. Do not touch the inside.

2. Peel the wrapper of the #10 knife blade open and drop the blade onto the muslin wrapper which is around the instrument tray.



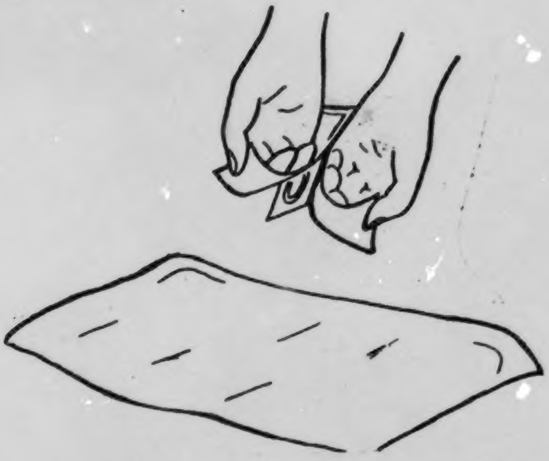
Peel open the #10 knife package



or use transfer forceps to remove the blade from the package and drop it onto the tray.

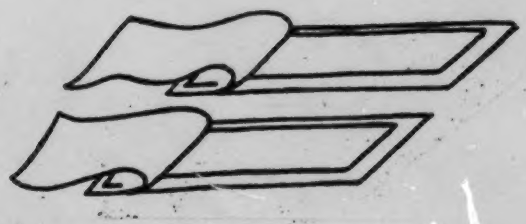
JOB STEPS

3. Open the 000 suture outer wrapper and drop the inner package onto the instrument tray in the same way you did the knife blade.



4. Go to the sink and open the sterile towel package (see mod 4401 04 012 if you don't know how).

5. Open each glove package, outer wrapper only.

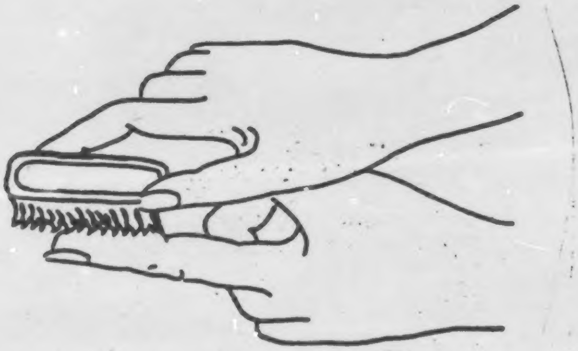


Now you are ready to start the short scrub.

JOB STEPS

Doing the Short Scrub:

1. Open the scrub brush by peeling the paper open. Leave the brush on the open paper.
2. Turn on the water and adjust the water temperature.
3. Ask your teacher to put some "glow-germs" on your hands.
4. Suds your hands with the soap.
5. Clean your nails with the orange stick or plastic nail cleaner.
6. Rinse your hands.
7. Pick up your scrub brush and wet it under the faucet.
8. Work up a lather on your hands with phisoderm from the brush.
9. Scrub across the nails of your left hand 20 strokes.
10. Scrub each surface of each finger 10 times. Front, back and each side.



11. Do 10 strokes between each finger as you scrub.

JOB STEPS

12. Do 10 strokes on the entire back of your left hand.

13. Do 10 strokes on the entire palm of your left hand.

14. Repeat steps 10 through 13 on the right hand.

15. When you finish the palm of your right hand, scrub up your right arm to the elbow five strokes around until the entire surface is scrubbed.

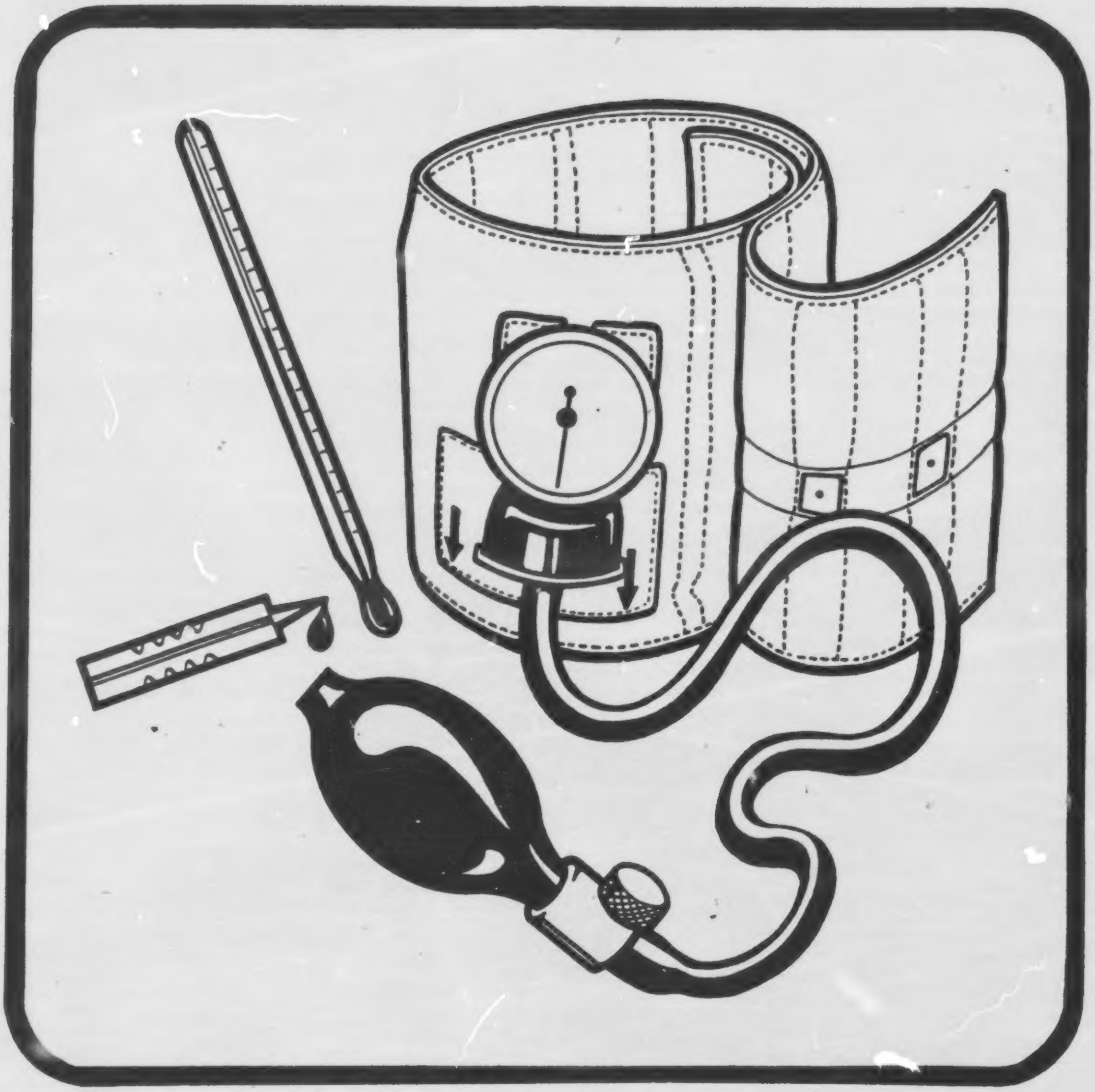
16. Scrub your left arm as in step 15.

17. Drop the brush in the sink.

18. Rinse your arms and hands. Be careful to always hold your hands higher than your elbows.

19. Demonstrate a short scrub for your teacher. You will need to do mod 4401 08 005 along with this mod. After you have dried your hands your teacher will check your hands for any "glow-germs" you may have missed.

Are you wondering why the water is still running? Go on to mod 4401 08 005 for the "exciting" answer!



medical assistant

unit: OFFICE SURGERY

capital area career center

module: 4401 08 005 date: March 1977 level: III

skill title: How to Dry Hands and Arms After a Surgical Scrub

developed & written by: Beverly Varney

visuals by: Mary Ann Gamel

WORD GUIDE

CONTAMINATE - (kahn-tam'-in-ate)
Make unsterile.

PERFORMANCE OBJECTIVE

You are going to learn:

How to dry your hands and arms after a surgical scrub.

And in order to do this you will need:

A sterile towel.

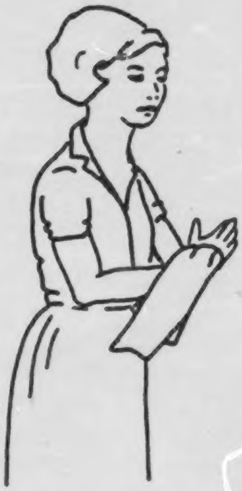
We will know you can do it when:

1. You do not contaminate the towel.
2. You dry your right hand and arm from fingertips to elbow with one end of the towel and your left hand and arm the same way with the other end of the towel.

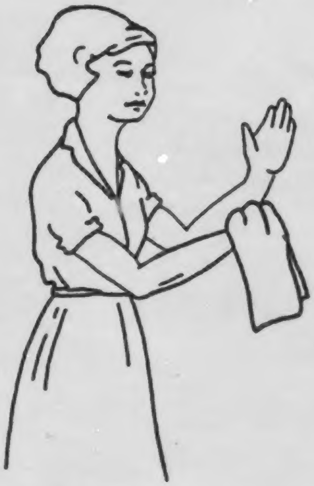
INFORMATION

You need to be careful not to let the towel touch the counter, nor touch your uniform. You can do this by bending slightly forward as you dry your hands and arms. (See below.)

You must do mods 4401 08 001R, 4401 08 002R, 4401 08 003R, 4401 08 004R before you do this module.



WRONG

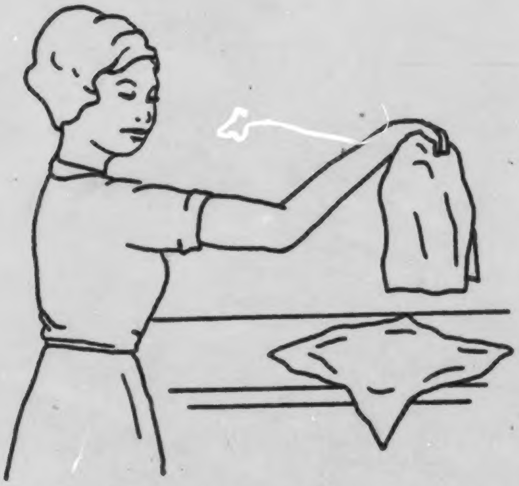


RIGHT

JOB STEPS

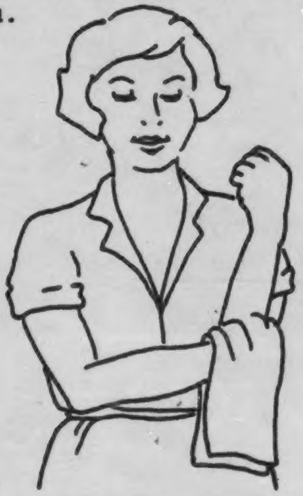
1. Pick up the sterile towel, from the wrapper, by the corner. Lift it in one quick motion up and away from the counter top. Do not let it touch the counter.

2. Shake the towel gently so it will unfold.



3. As you bend forward slightly at the waist, dry the fingers of your left hand.

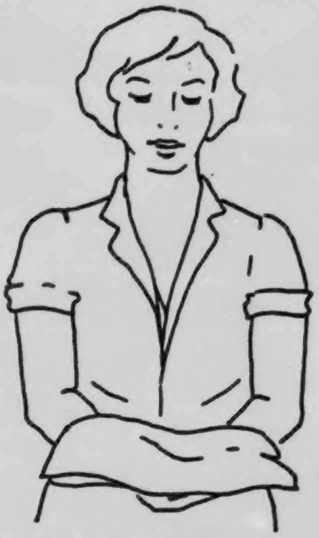
4. Rotate the towels around your hand and up your arm to finish drying the left hand and arm.



Finish drying your left hand and arm.

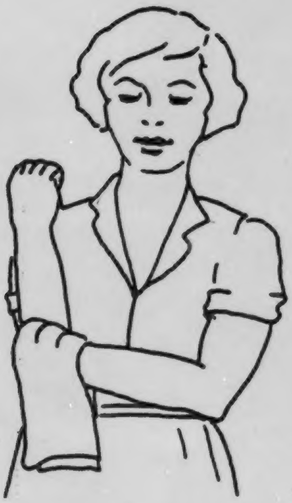
JOB STEPS

5. Slip your left hand under the end of the towel that's hanging down and hold the towel with your left hand as you let go of it with your right hand.



Slip your left hand under.

6. Dry your right hand and arm in the same way. Use the clean end of the towel, in other words, the end you did not use for your left hand.



Dry your right hand and arm.

JOB STEPS

7. Reach over and turn off the faucet with your left hand, keeping it covered with the towel so your hand does not touch the handle.

8. If you do not understand, ask your teacher or another student to show you how.

9. Drape the towel over the rim of the laundry hamper. Do not touch the hamper.

10. Demonstrate how to dry your hands and arms for your teacher.

medical assistant

unit: OFFICE SURGERY

capital area career center

module: 4401 08 007 date: 6/77 level: III

skill title: How to Put on Sterile Gloves Using the Open Gloving Method

developed & written by: Beverly Varney

visuals by: Sandra Gostomski

WORD GUIDE

OPEN GLOVING - Putting on a pair of sterile gloves but not having on a sterile gown.

PERFORMANCE OBJECTIVE

You Are Going To Learn:

How to put on sterile gloves using the open gloving method.

And In Order To Do This You Will Need:

A pair of sterile gloves.

We Will Know You Can Do It When:

You have put the gloves on so that they are sterile from the wrist to the fingertips.

WORD GUIDE

INFECT - (in-feckt') - To contaminate with something that causes disease, for example; bacteria.

INFECTION - (in-feck'-shun) - A disease resulting from contamination by bacteria or other disease-producing substance.

INFORMATION

You may be required to assist in office surgery. In this case, both you and the doctor will wear sterile gloves in order not to infect the patient.

You should do mods 4401 08 001, 4401 08 002, 4401 08 003, 4401 08 004, 4401 08 005, and 4401 08 009 before you start this module.

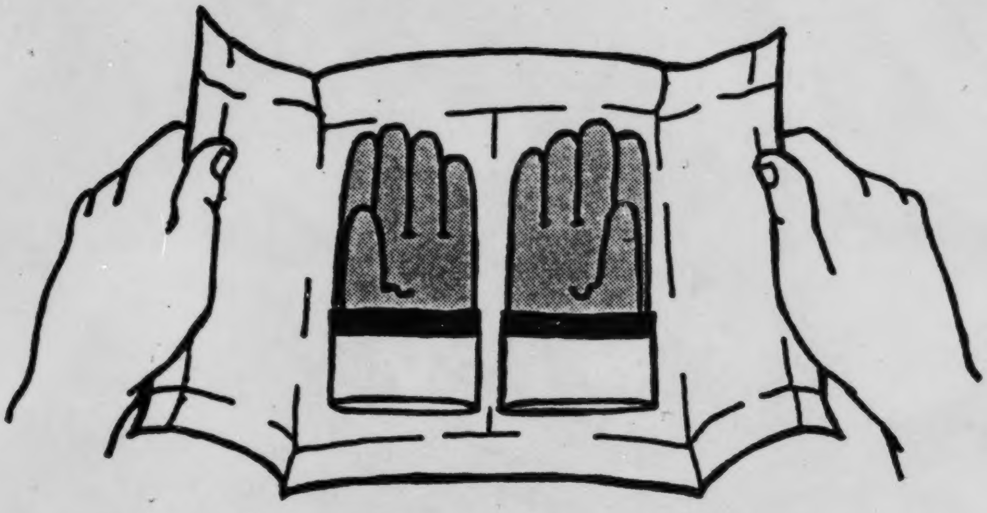
The following film will show you how to do Open Gloving. Get it from Room 306.

> McGraw - Hill Technicolor Projector and "Gowning and Gloving for Surgery"

Your package should be on the counter with the outside wrapper open. You should have finished scrubbing and drying your hands and arms.

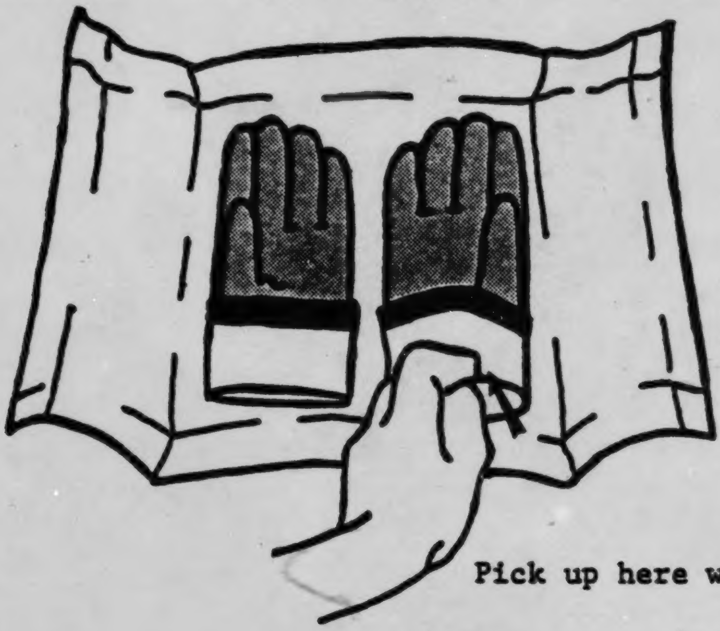
JOB STEPS

1. Open the inside wrapper. Do not touch the side of the paper that is next to the gloves. Do not touch the counter-top.



Crease these two folds back so they will lay open.

2. Pick up the right hand glove with your left hand. Do not touch the outside of the glove.

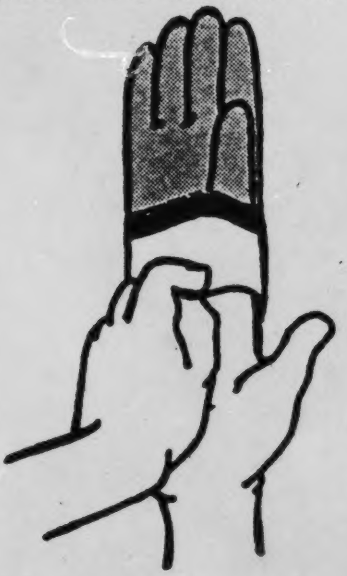


Do not touch shaded area.

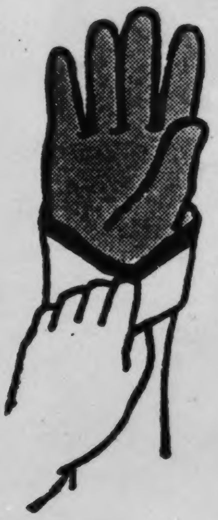
Pick up here with your left hand.

JOB STEPS

3. Slip your right fingers into the cuff of the glove. Pull the folded cuff with your left hand so it comes up over your right hand.

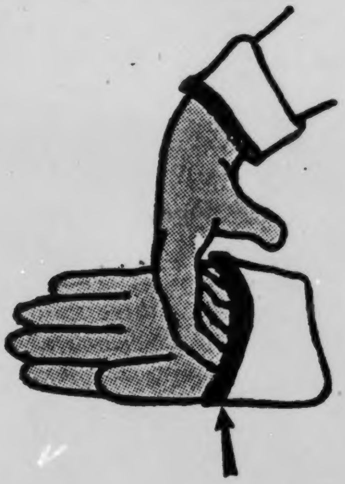


4. Continue to pull from the inside of the glove with your left hand until the cuff is pulled all the way up over the right wrist.



JOB STEPS

5. Pick up the left glove by sliding the fingers of your right hand under the cuff of the left glove.

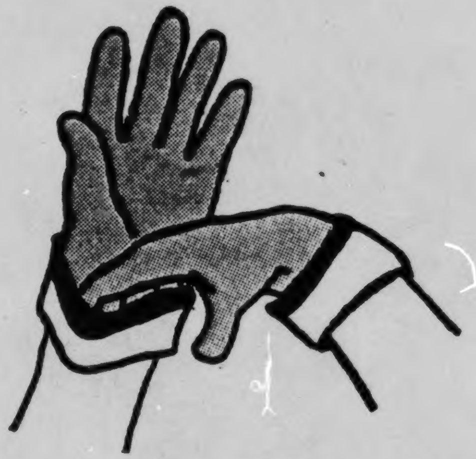


Slide fingers under here.

NOTE: Since you now have a sterile glove on your right hand do not touch anything but the outside of the left glove.

6. Slide the fingers of your left hand inside the glove.

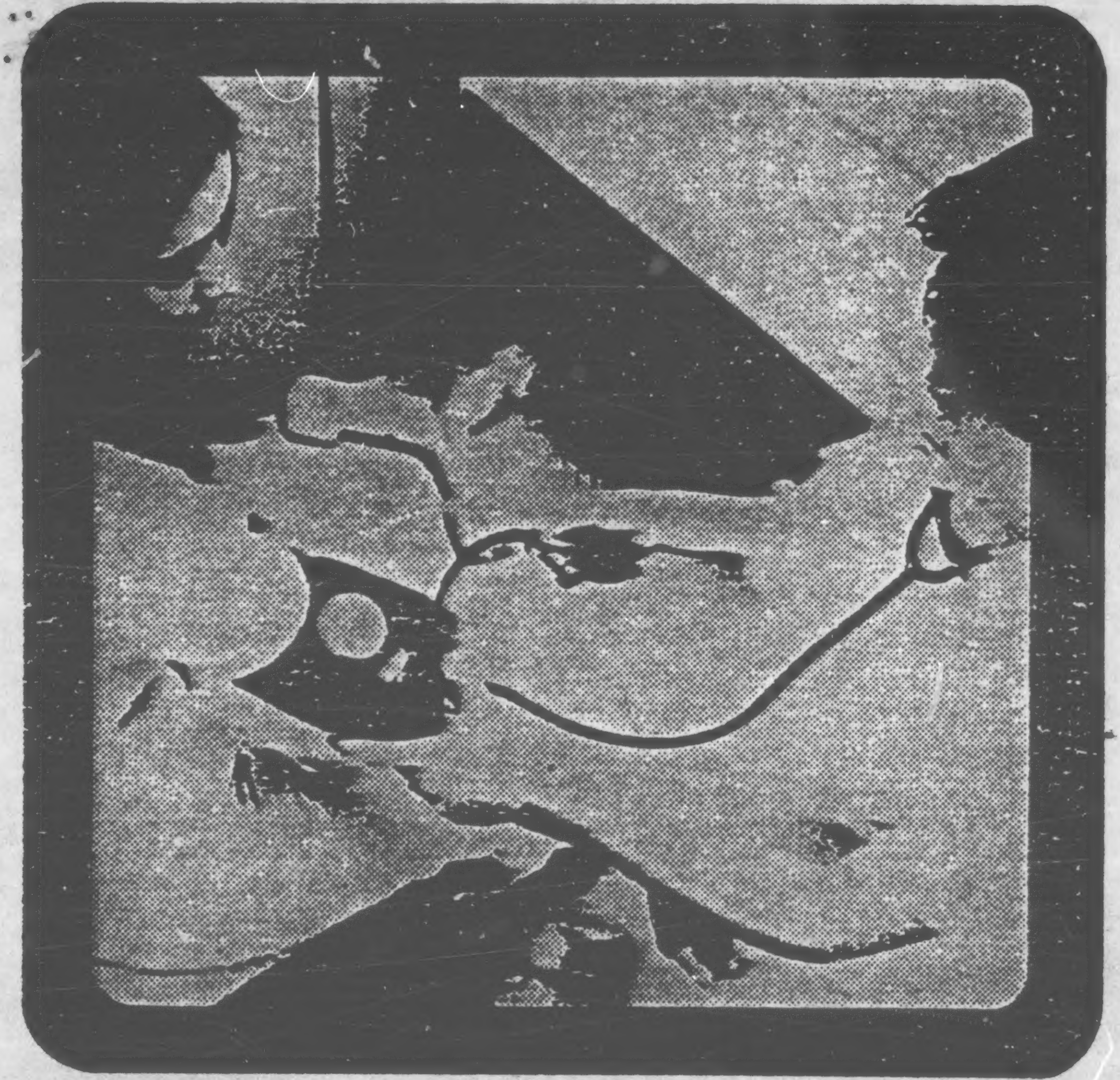
7. With the fingers of your right hand under the cuff make a quick "pull and stretch" motion to pull the cuff above your wrist.



JOB STEPS

8. Return to the cart which has the sterile instrument tray on it.

   Demonstrate open gloving. Be very sure that your skin touches only the inside of the gloves and that the outside of the gloves touch only sterile surfaces. Ask for a demonstration if you need help.



medical assistant

unit: Office Surgery

capital area career center

module: 4401 08 008 date: ______ level: III

skill title: How to set up a sterile instrument tray while wearing gloves.

developed & written by: Beverly Varney

visuals by: Mary Ann Gamel

PERFORMANCE OBJECTIVE

You are going to learn:

How to set up a sterile instrument tray while you are wearing sterile gloves.

In order to do this you will need:

1. A tray, wrapped in muslin wrappers, which has the following items on it.

    3 towels

    1 drape

    2 towel clips

    1 #3 knife handle

    3 hemostats

    1 small senn retractor

    1 curved dissection scissors

    1 tissue forcep

    1 dressing forcep

    1 needleholder

    1 pair straight scissors

    15 3" x 3" gauze squares

2. A #10 knife blade
3. A package of 000 silk suture with needle attached
4. A cart to set the tray on

We will know you can do it when:

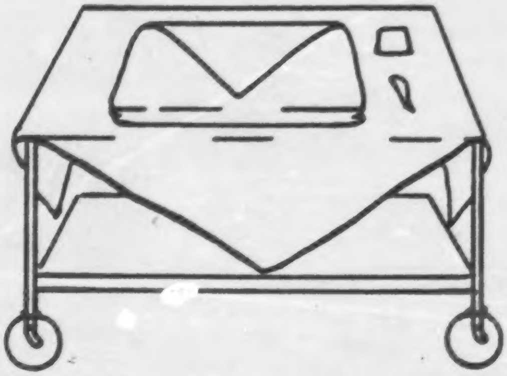
1. The instruments are positioned as illustrated in this mod.
2. The knife blade is on the knife handle.
3. The needle is in the needle holder.
4. You have kept sterile, your gloves and all the instruments and items in the tray.

WORD GUIDE

UNSTERILE - (un'-stair'ill) - Having germs.

INFORMATION

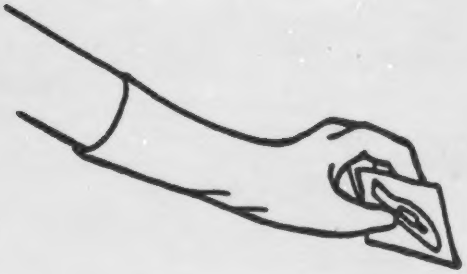
You should now have done mods 4401 08 001, 4401 08 002, 4401 08 003, 4401 08 004, 4401 08 005, 4401 08 007, 4401 08 009. You have opened the outer wrapper of the instrument tray. You have then done a scrub, dried your hands and arms, and put on your gloves. Your cart should be in front of you and should look like this.



For the procedures in this module you will not touch anything that is unsterile.

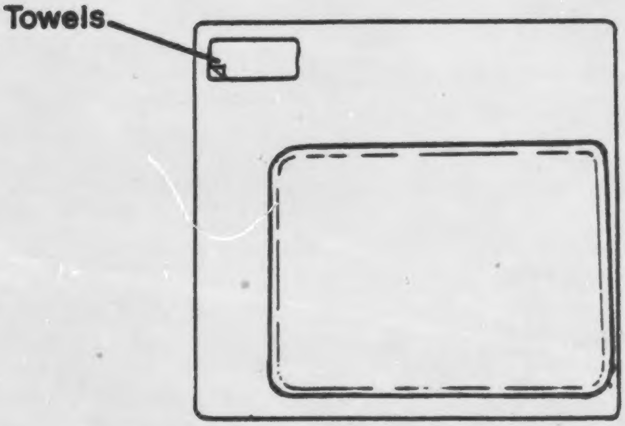
JOB STEPS

1. Pick up the knife blade and suture packet with your left hand. Handle the blade with care. The cutting edge is very sharp.



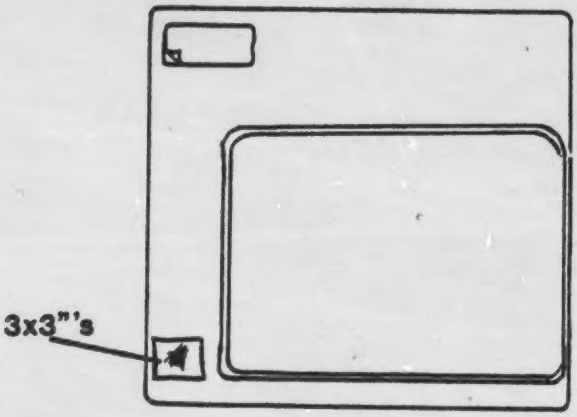
2. Finish opening the inside wrapper from around the tray. Lay the blade and suture packet on the tray.

3. Stack the towels at the upper left hand corner of the cart.

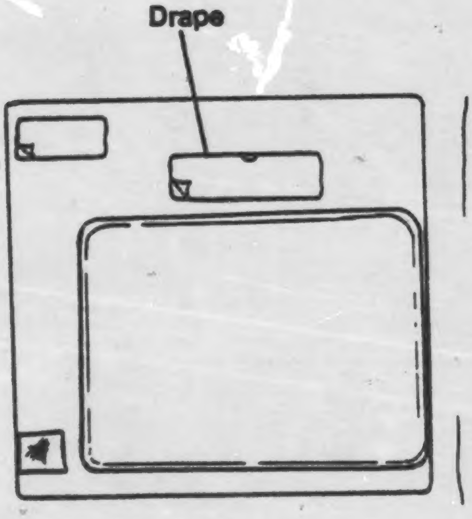


JOB STEPS

4. Stack the 3" x 3"'s at the lower left hand corner of the cart.

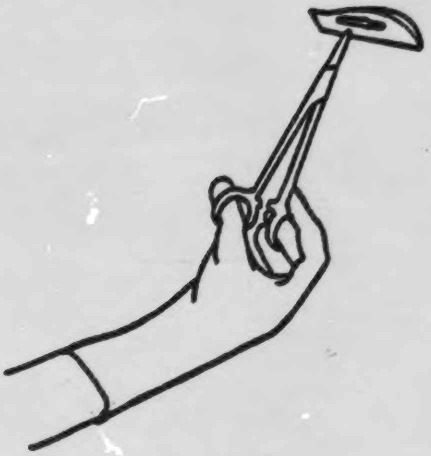


5. Place the drape above the tray in the center.

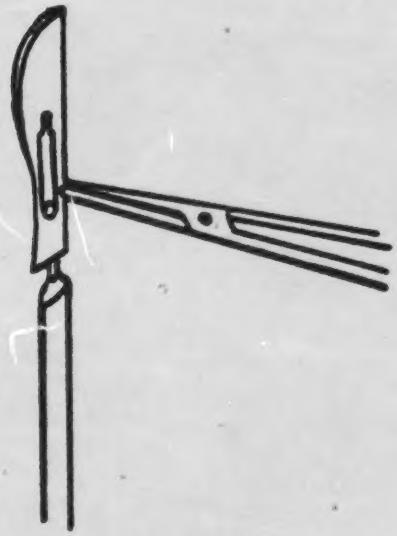


JOB STEPS

6. Pick up the knife blade with a hemostat held in your right hand. Hold it like this.

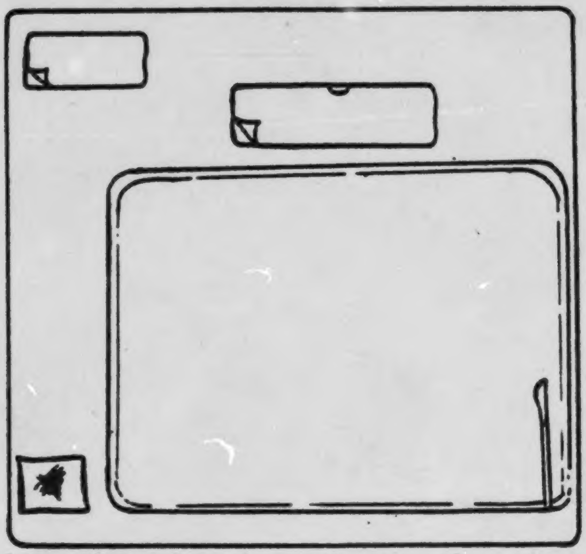


7. Hold the knife handle in your left hand and slide the blade on like this.

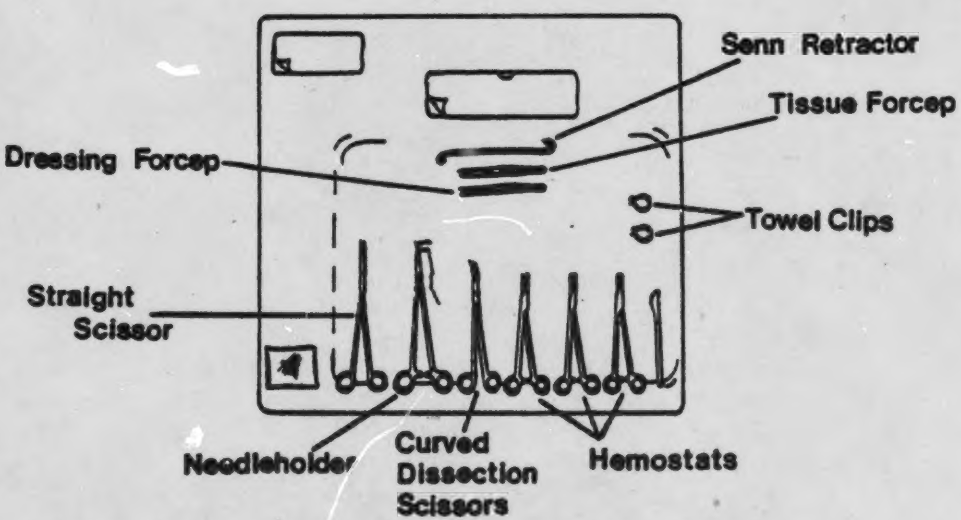


JOB STEPS

8. Lay the knife on the right side of the tray.



9. Place the other instruments as the picture below shows.


Senn Retractor
Tissue Forcep
Dressing Forcep
Towel Clips
Straight Scissor
Needleholder
Curved Dissection Scissors
Hemostats

10. Open the suture packet by tearing off one end.

11. Remove the suture and needle taking care not to tangle the suture.

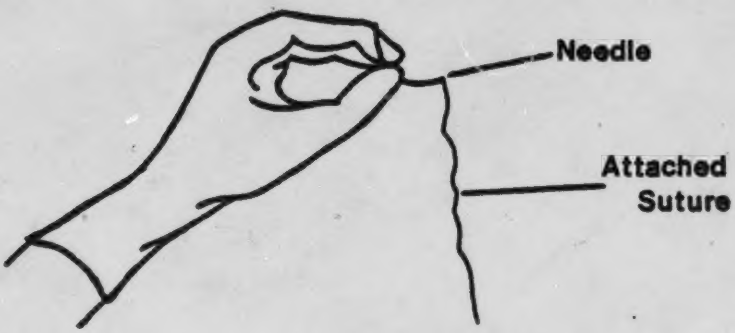
WORD GUIDE

RATCHET - (rat'-chet) the toothed lock on an instrument handle.

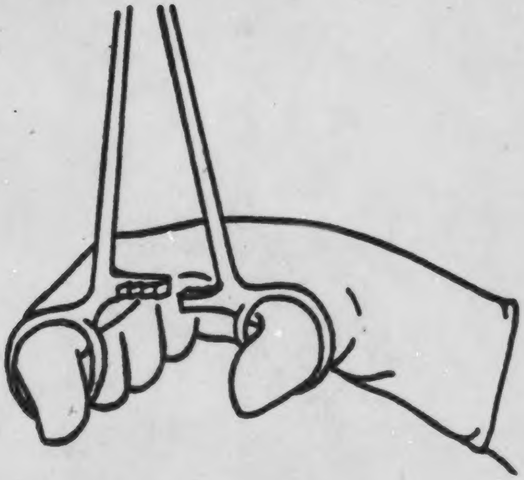
JAWS - the part of the instrument used to grasp something, usually the tips of the instrument.

JOB STEPS

12. Hold the needle between your left thumb and forefinger like this.



13. Pick up the needle holder with your right hand and unlock the ratchet to open the jaws.

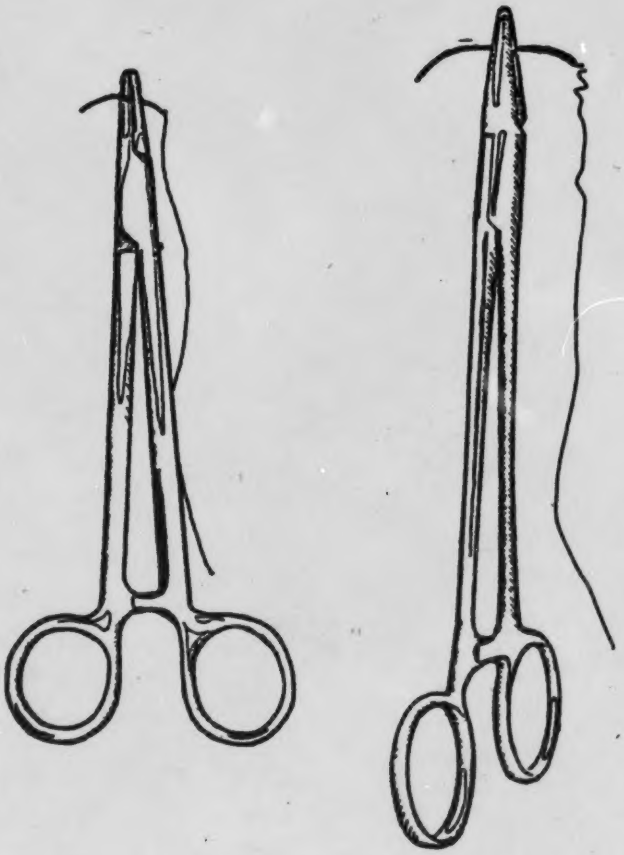


WORD GUIDE

CONTAMINATING - (kahn-tam'-in-ate-ing) making unsterile.

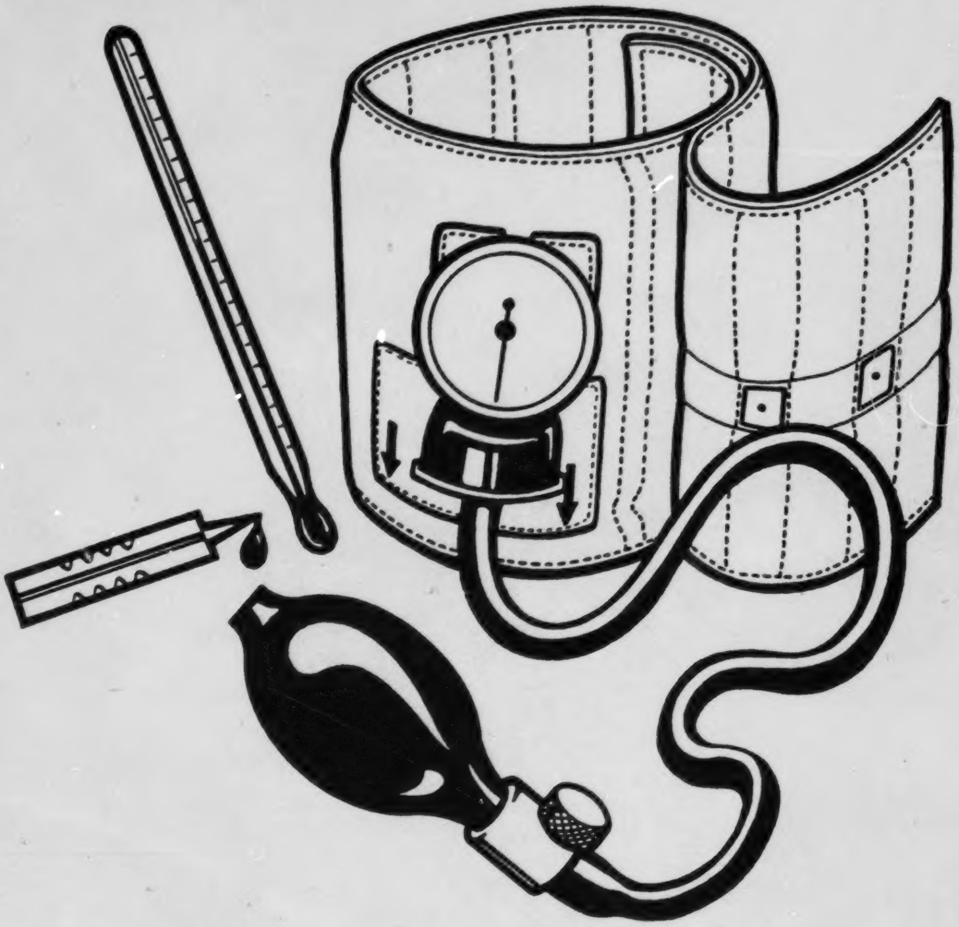
JOB STEPS

14. Clamp the needle in the needle holder. The point of the needle faces your left shoulder in the side view.



15. Lay the prepared needleholder back on the tray.

16. Demonstrate that you can set the instruments as outlined in this module without contaminating anything.



medical assistant

unit: OFFICE SURGERY

capital area career center

module: 4401 08 009 **date:** March 1977 **level:** III

skill title: How to Prepare the Equipment and Instruments for Office Surgery

developed & written by: Beverly Varney

visuals by: Sandra Gostomski

WORD GUIDE

SUTURE - (sue'-chur) thread used to sew up a wound.

PERFORMANCE OBJECTIVE

YOU ARE GOING TO LEARN:

How to set up the instruments and equipment for office surgery.

AND IN ORDER TO DO THIS YOU WILL NEED:

5 surgical towels
1 drape
2 towel clips
1 #3 knife handle
1 #10 knife blade
3 hemostats
1 small Senn retractor
1 curved dissection scissor
1 tissue forcep
1 dressing forcep
1 needleholder
1 package 000 silk suture with needle attached
1 pair straight scissors
20 3" x 3" gauze squares
sterile gloves in your size
sterile gloves in the doctor's size
2 muslin wrappers
2 paper wrappers
autoclave tape
a stainless steel cart
the portable light
a pillow
a stainless steel instrument tray

WE WILL KNOW YOU CAN DO THIS WHEN:

You have gathered all the equipment listed and have prepared it as outlined in the job steps of this module.

WORD GUIDE

SURGERY - (sir'-jur-ee) a method of treatment which uses cutting.

EMERGENCY - (ee-mer'-gen-see) an event which is not planned and needs immediate treatment.

LACERATION - (lass-er-a'-shun) a cut.

CYST - (sisst) a sac containing fluid.

EXCISION - (x-siz'-shun) cutting out.

INFORMATION

Most surgery in a medical office is scheduled ahead of the date it is to be done. Each time you come to work, you will want to check the appointments for the next day. Then you can prepare equipment so it will be ready to use. The only time you will not be able to do this is when a patient comes in for emergency treatment, such as a laceration.

You will need to check with the doctor to find out what equipment will be needed for each surgical procedure. After you have worked in the office for a period of time, you will probably know what will be needed without asking.

We will use the same situation for all of unit 8. You will use a classmate for a patient. We will "pretend" you checked the appointment book for tomorrow's schedule and found this patient scheduled for excision of a cyst of the lower left leg.

There are 17 modules in this unit. Do them in the order listed below:

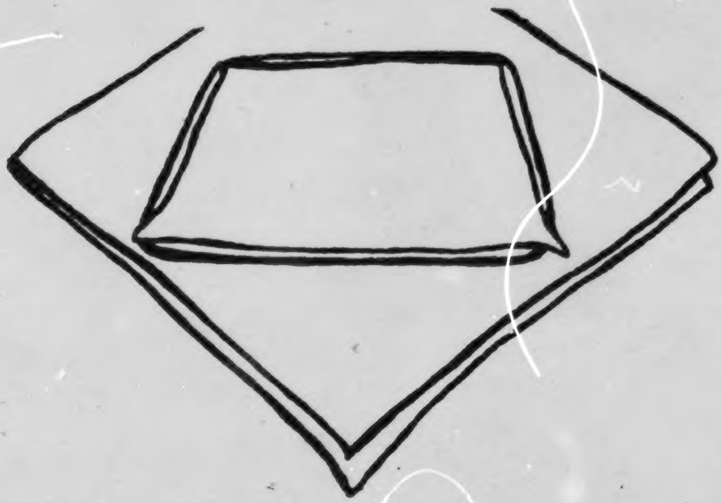
4401 08 009
4401 08 003
4401 08 001
4401 08 002
4401 08 004
4401 08 005
4401 08 007
4401 08 008
4401 08 010
4401 08 011
4401 08 012
4401 08 013
4401 08 014
4401 08 015
4401 08 016
4401 08 017
4401 08 018

JOB STEPS

Prepare the instrument tray:

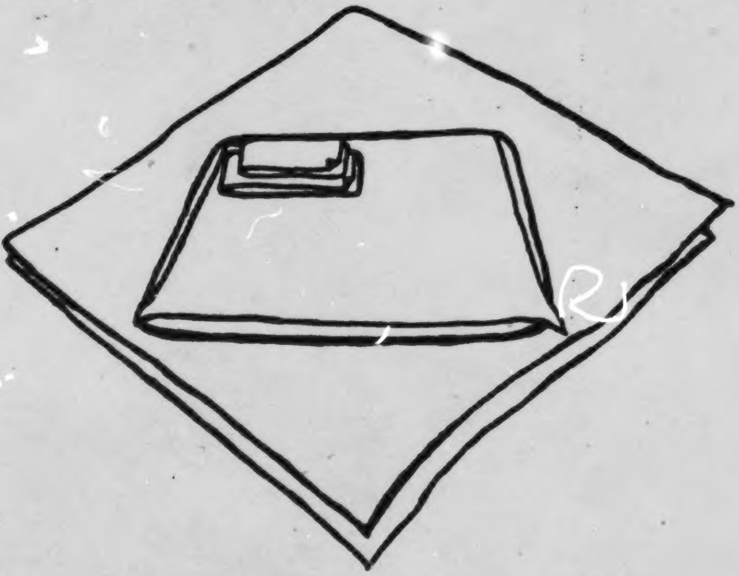
1. Open up the 2 muslin wrappers and lay one on top of the other, on the counter.

2. Set the instrument tray in the center.



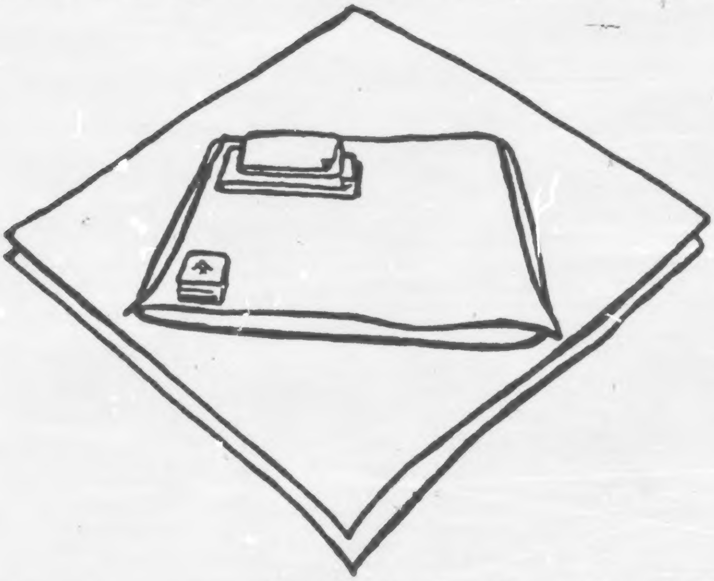
3. Fanfold 3 surgical towels and the drape.

4. Place the drape under the towels and lay them on the upper left hand corner of the tray.

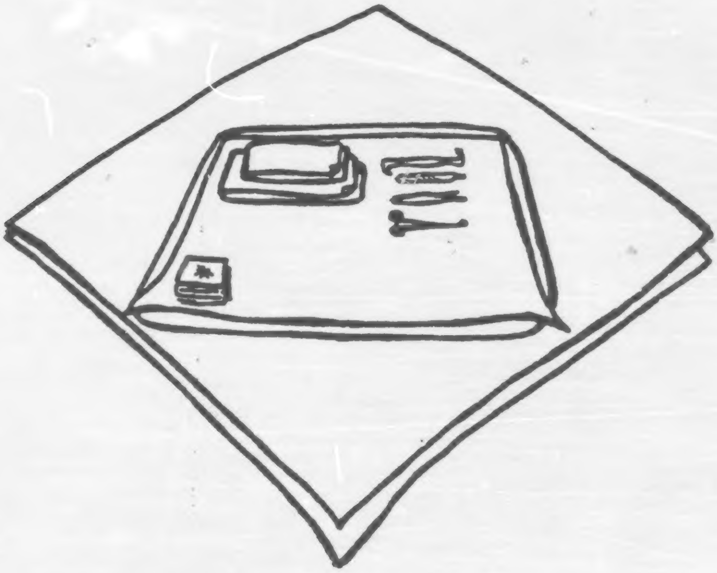


JOB STEPS

5. Place 20 gauze squares in the lower left hand corner of the tray.



6. Lay the Senn retractor, the knife handle, the tissue forcep and the dressing forcep across the upper right hand corner of the tray.

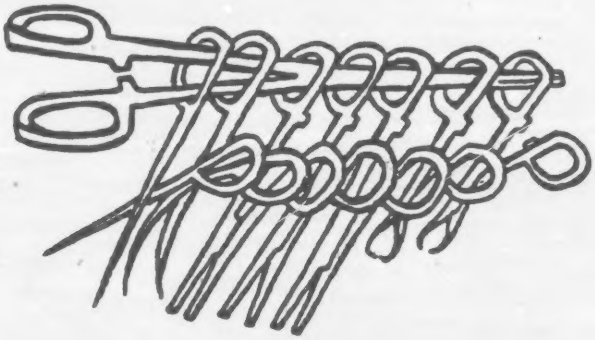


JOB STEPS

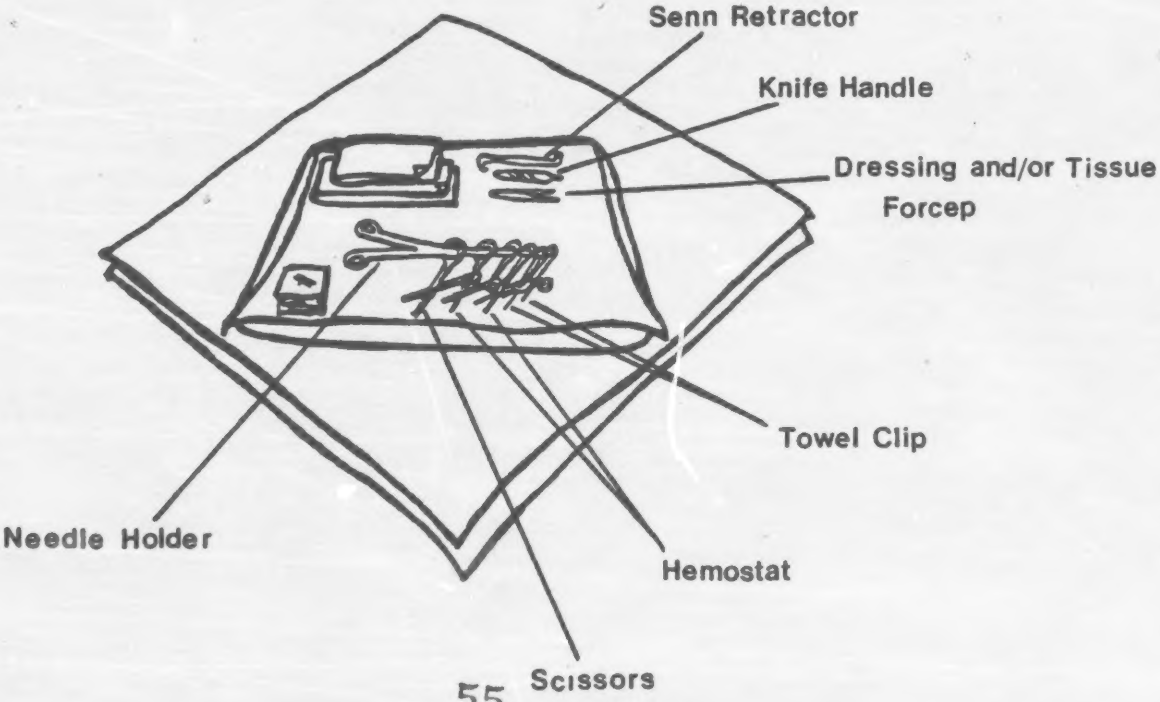
7. Pick up the needleholder. Slide the tip of it through one handle ring of each other instrument. Do it in this order:

   straight scissor
   curved dissection scissor
   3 hemostat
   2 towel clips

   It will look like this!



8. Pick the needleholder up by the tip and lay those instruments in the lower right hand corner of the tray.


Senn Retractor
Knife Handle
Dressing and/or Tissue Forcep
Towel Clip
Needle Holder
Hemostat
Scissors

JOB STEPS

9. Wrap the tray with the muslin wrappers. If you do not remember how to do this, review module 4401 04 006.

10. Autoclave the instruments for 30 minutes.

    NOTE: You've probably already discovered the tray will not fit the classroom autoclave. Most medical offices have larger autoclaves. If the autoclave is too small, you would not use the tray but just do the equipment in the muslin.

    FOR THIS MOD ONLY we will use the tray and will not autoclave. We will "pretend" we did autoclave the instruments. YOU WILL NEVER "PRETEND" TO STERILIZE EQUIPMENT WHEN YOU ARE REALLY DOING SURGERY.

11. Wrap 2 fanfolded surgical towels in paper wrap and autoclave them.

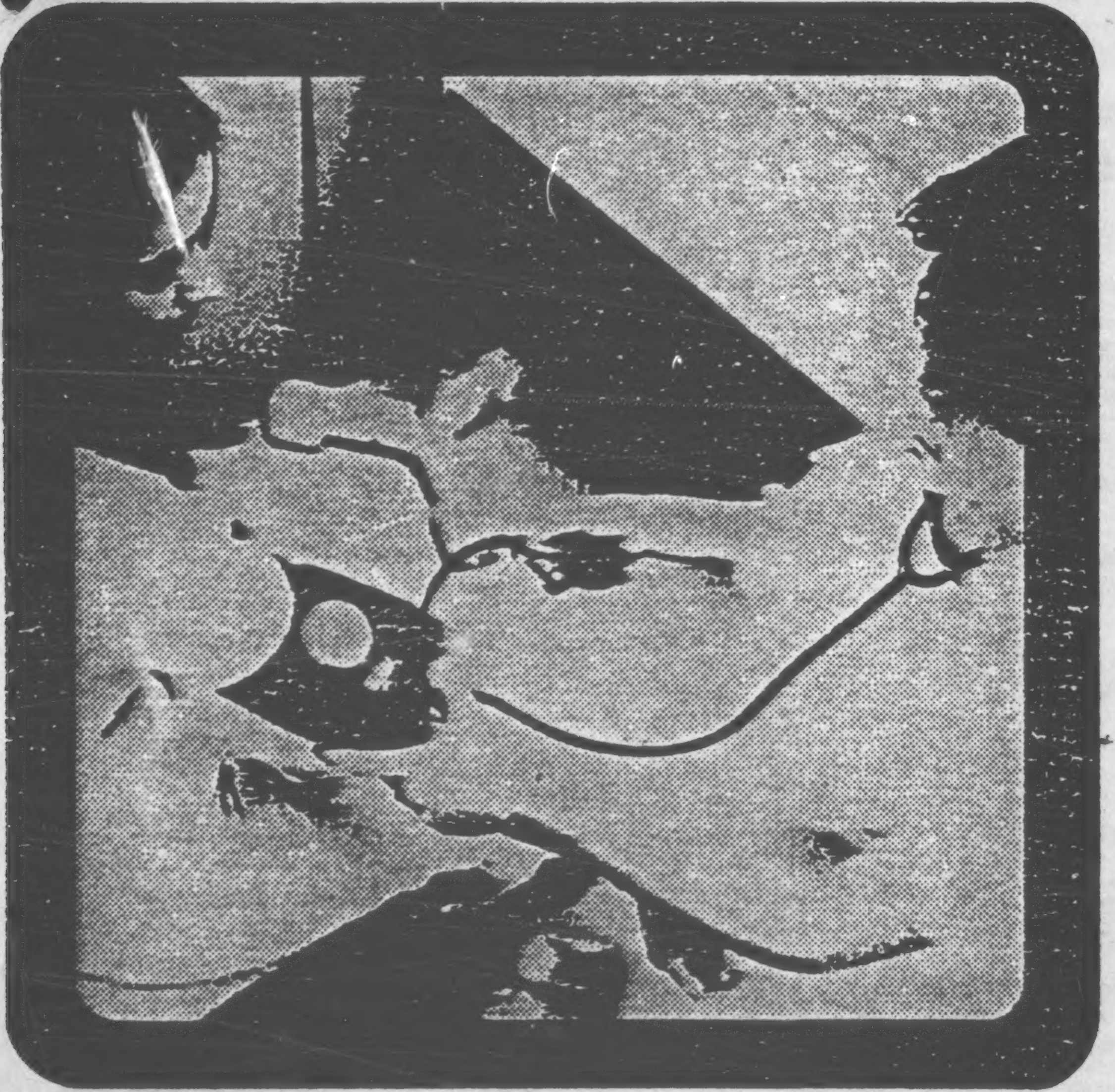
PREPARE THE ROOM:

On the day of the surgery, when the time for the patient's appointment is close (about 15 minutes before), you should get the room ready:

1. Place a pillow at the head of the examination table.
2. Place a cart where it will be easy for you to reach it as you stand beside the patient.
3. Place the lamp where the light will shine on the patient's lower left leg, but will not be in either your or the doctor's way.
4. Place a #10 knife blade and a package of 000 silk suture on the cart. Do not open either of these.
5. Place the unopened instrument tray at the left end of the cart.
6. Place the unopened towel package and the two unopened glove packages next to the sink.

To be passed on this module:

Demonstrate the job steps for your instructor. Fill out review credit slips for any other modules you did correctly.



medical assistant

unit: Office Surgery

capital area career center

module: 4401 08 012 date: 1977 level: III

skill title: How to hold sterile gloves for someone else to put on

developed & written by: Beverly Varney

visuals by: Mary Ann Gamel

PERFORMANCE OBJECTIVE

You are going to learn:

How to hold sterile gloves for someone else to put on.

In order to do this you will need:

classmate to be the other person

pair of sterile gloves in that classmates size

We will know you can do it when:

You have held the gloves for the other person to put on so that your gloved hands touch only the outside of her/his gloves and her/his hand touches only the inside of those gloves.

INFORMATION

Whenever a sterile procedure is done you must take care that no unsterile item touches a sterile item. It is easier to put sterile gloves on if another person holds them for you. Some doctors will want you to do this, others will not. As you've read before, you will need to check with the doctor to find out which way he wants to do this.

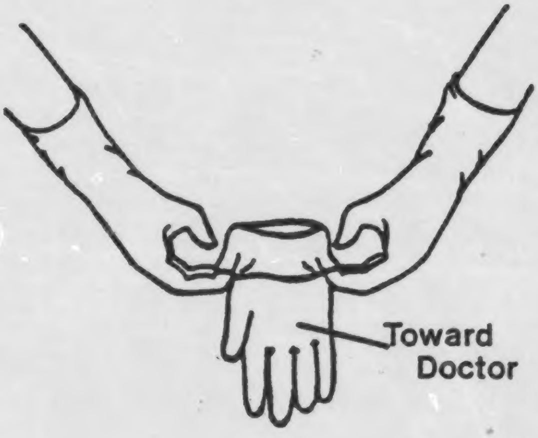
Before you do this module you must do mods 4401 08 001R, 4401 08 002R, 4401 08 003R, 4401 08 004R, 4401 08 005R, 4401 08 007R, 4401 08 008R, and 4401 08 009R.

The "scene" is that the patient's skin has been shaved and prepped, you have set up the local anesthetic, scrubbed, gloved, and set up your instruments. The doctor has injected the local anesthetic into the surgical site, done a scrub, dried hands and arms and is now ready to glove before beginning surgery.

JOB STEPS

1. Pick up the doctor's right hand glove.

2. Hold it with one hand at each side, fingers under the cuff, palm side facing the doctor.

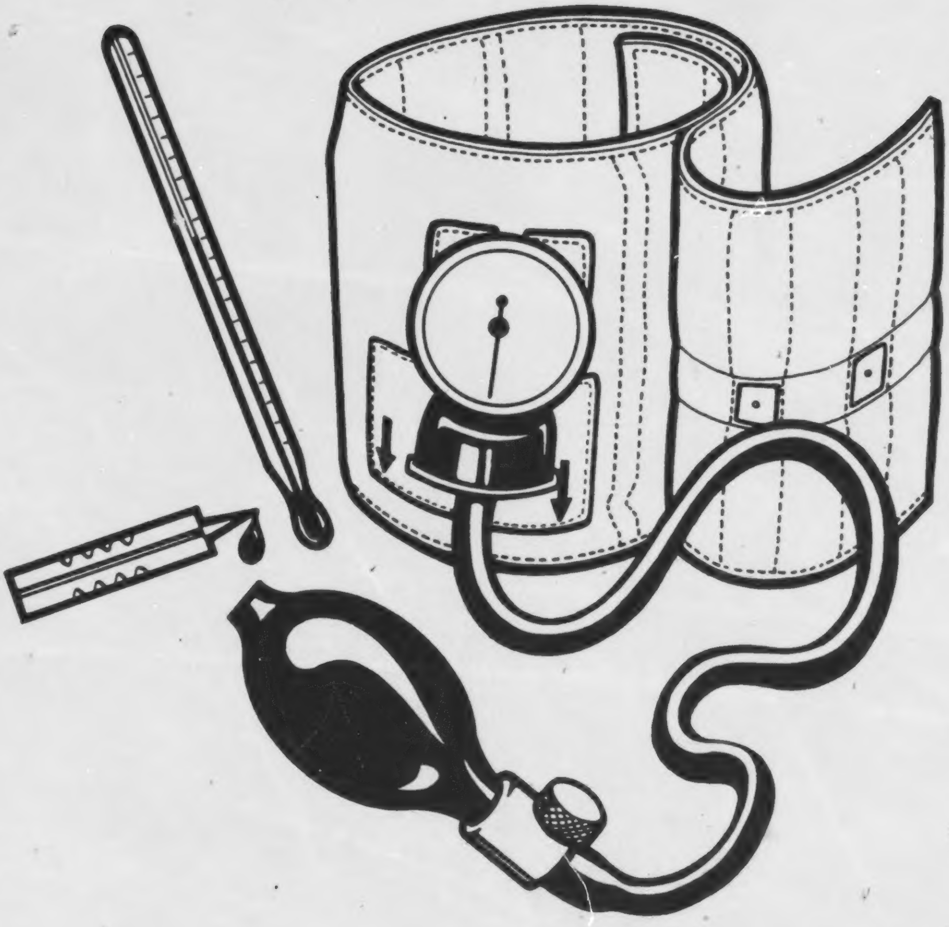


3. Take care that your fingertips are far enough under the cuff and your thumbs out of the way so the doctor's hand does not touch your glove.

4. Hold the glove firmly in position while the doctor slips her/his hand in as you pull the cuff up over the wrist.

5. Repeat steps 1-4 with the left glove.

Hold the gloves for your instructor to put on. Follow the directions in this mod. Do not contaminate either pair of gloves.



medical assistant

unit: OFFICE SURGERY

capital area career center

module: 4401 08 015 **date:** March 1977 **level:** III

skill title: How To Apply A Dressing After Office Surgery

developed & written by: Beverly Varney

visuals by: Mary Ann Gamel

WORD GUIDE

WOUND - (woond) the cut or incision.

DRESSING - bandage

PERFORMANCE OBJECTIVE

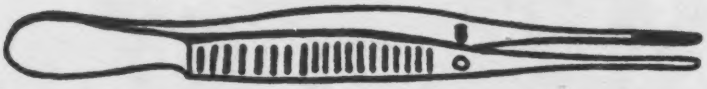
You are going to learn:

How to apply a dressing after office surgery.

And in order to do this you will need:

4 sterile gauze squares

1 sterile dressing forcep



tape

1 bandage scissors

We will know you can do it when:

The wound is covered with a sterile dressing and secured with tape.

WORD GUIDE

ACCIDENTAL - a wound caused by an unplanned act.

SCALP - (skalp) skin on the head.

LACERATION - (lass-ir-a-shun) a cut.

BLISTERS - small areas of raised skin filled with liquid.

INFORMATION

Most incisions are covered with a sterile dressing after surgery. The dressing helps to keep the wound clean. Some accidental wounds and some surgical wounds are in places where a dressing is not used. An example would be a laceration of the scalp; because of the hair surrounding the wound it is not possible to use tape so these are usually left open with no dressing. Another example might be near the eye, where it would be more comfortable for the patient to have no dressing.

Some patients are allergic to tape. When adhesive tape is used on their skin, the skin blisters and becomes red and painful. Always check with your patient to see if he/she is allergic to tape.

You should have completed mods:

4401 08 001 R
4401 08 002 R
4401 08 003 R
4401 08 004 R
4401 08 005 R
4401 08 007 R
4401 08 008 R
4401 08 009 R
4401 08 013 R

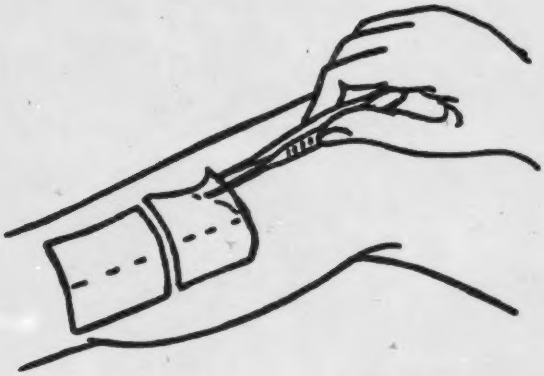
Your patient is now ready to have a dressing put on the incision.

JOB STEPS

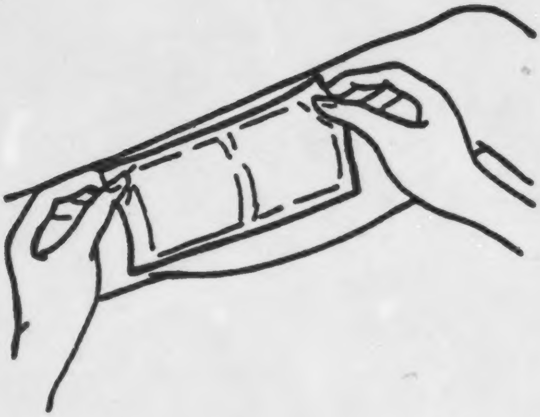
1. Pick up a gauze square with the dressing forcep.

2. Lay it over the incision.

3. Pick up another gauze square with the dressing forceps and lay it next to the first one.



4. Open the third gauze square one fold, and place it over the other two.



WORD GUIDE

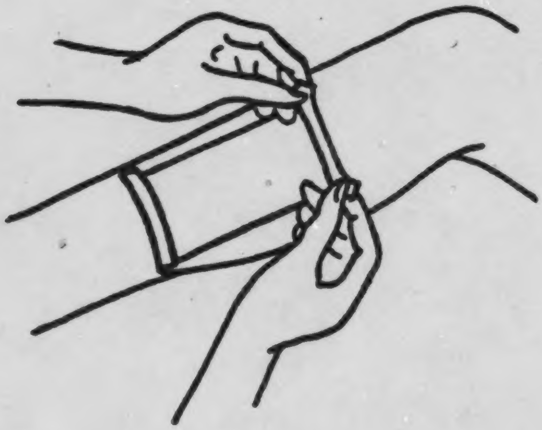
HYPO-ALLERGENIC - (hi-poe-al-ler-jen-ick) will not cause a reaction.

REACTION - (re-act-shun) redness, blisters, etc.

MICRO-PORE - hypo-allergenic tape

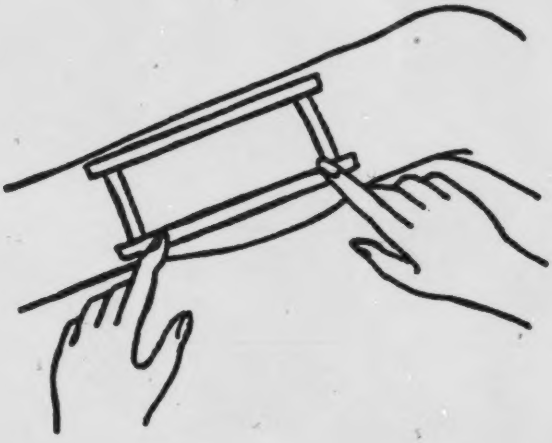
JOB STEPS

5. Ask the patient if he/she is allergic to adhesive tape. If he/she says "yes", use hypo-allergenic tape such as Micro-pore.
6. Cut two strips of tape 4 1/2" long.
7. Cut two strips of tape 7 1/2" long.
8. Place a 4 1/2" strip of tape across each end of the dressing. Press it down gently but firmly.



JOB STEPS

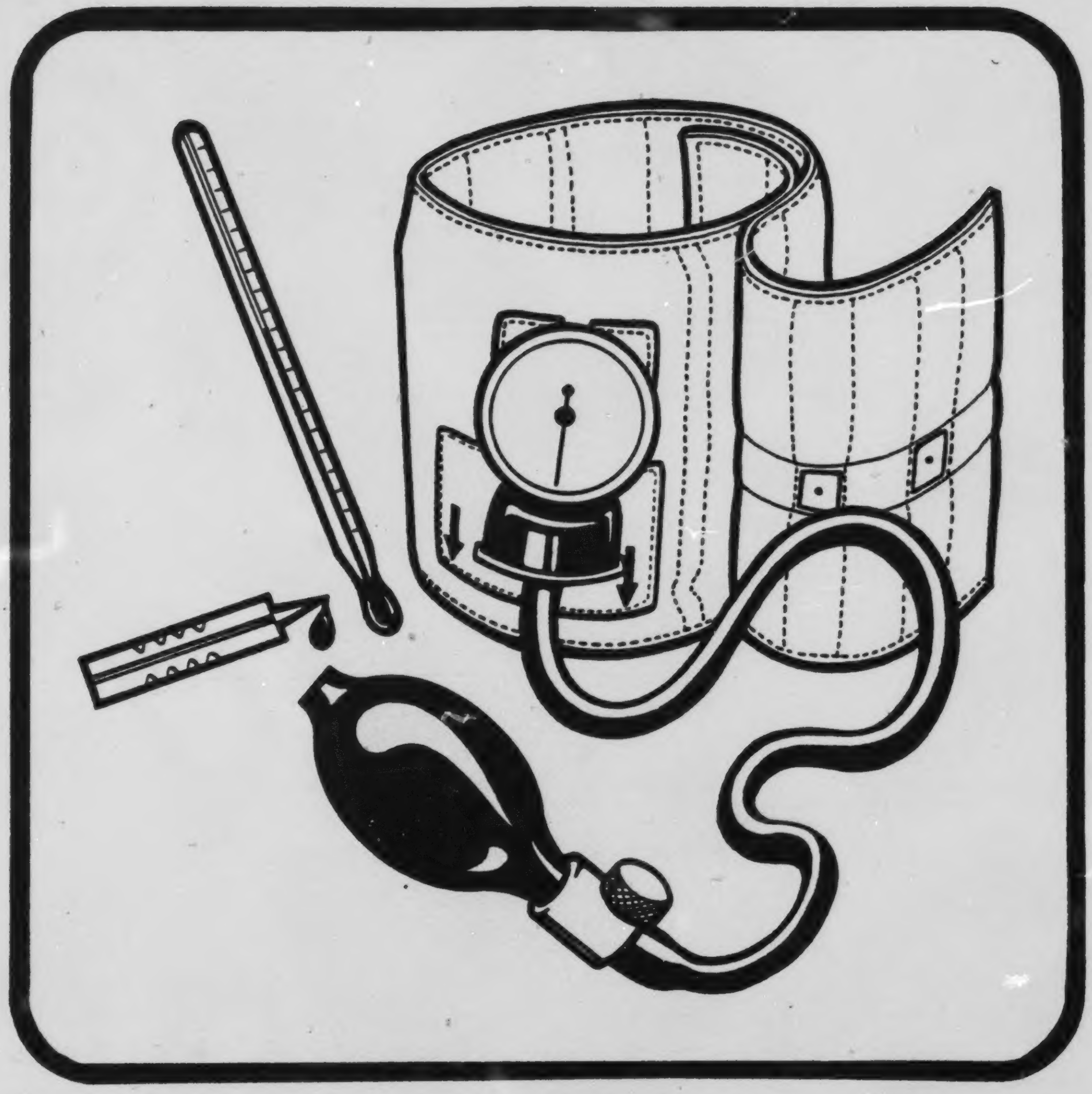
9. Place a 7 1/2" strip of tape along each side of the dressing. Press it down gently but firmly.



10. Wet a gauze square with water and wash any blood away from around the dressing. Be careful not to get any water on the tape or dressing.

11. Assist your patient up and out of the room.

Demonstrate the job steps for your teacher.



medical assistant

unit: OFFICE SURGERY

capital area career center

module: 4401 08 016 **date:** October 1977 **level:** III

skill title: How to Prepare A Tissue Specimen for Histology

developed & written by: Beverly Varney

visuals by:

WORD GUIDE

PRESERVATIVE - (Pree-zerv'-ih-tive) - A solution to keep tissue in until it is examined.

FORMALDEHYDE - (For-mal'-de-hide) - A preservative.

HISTOLOGY - (Hiss-tahl-o-gee) - The study of tissue.

PERFORMANCE OBJECTIVE

You are going to learn:

How to prepare a tissue specimen for histology.

In order to do this you will need:

A tissue forceps

A specimen bottle

A label for the bottle

Preservative for the specimen, such as formaldehyde (10% aqueous formalin).

A fake cyst

Scotch tape

A pen

We will know that you can do it when:

1. The specimen is not handled with your bare hands.
2. The specimen is covered with preservative.
3. The label has the patient's name, the doctor's name, the date, the location from which the tissue was removed, and what the specimen is.

WORD GUIDE

MALIGNANCY - (Ma-lig'-nanc-ee) - Cancer.

BENIGN - (Bee-nine) - Not cancer.

PATHOLOGY - (Path-ahl-o-gee) - The study of body tissues and fluids.

INFORMATION

When tissue is removed in office surgery, it may need to be sent to a lab for examination. The exam will give the doctor facts about the tissue. For example, the lab may report a malignancy, or that the tissue was benign. All of these facts help the doctor to know how to treat the patient.

The medical assistant will be responsible for sending the tissue to the lab. If it is not prepared the right way, changes can take place which will give a false report. Most labs provide the container for the specimen. It may be a glass jar, a waxed cardboard box or a polyethylene (plastic) bag. If there is more than one specimen, a container should be used for each specimen. Specimens must be placed in a preservative solution so they will not spoil before they are examined.

After the speciman has been examined at the lab, the lab will send the doctor a pathology report. After the doctor has seen the report, the medical assistant should file it in the patient's records.

MDPH - Michigan Department of Public Health.

FUMES - The smell in the air.

JOB STEPS

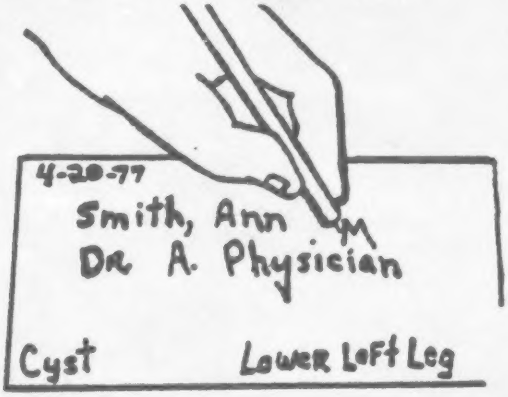
1. Prepare a glass specimen bottle by pouring 1/2" of formaldehyde into it. For this mod, use one of the small glass specimen bottles from MDPH. The fumes from formaldehyde smell bad. Take care not to inhale too deeply while you do this.

2. Pick up the tissue forceps from the instrument tray and use it to pick up the specimen and put it in the glass bottle.

3. Screw the lid on the jar.

4. Remove your gloves.

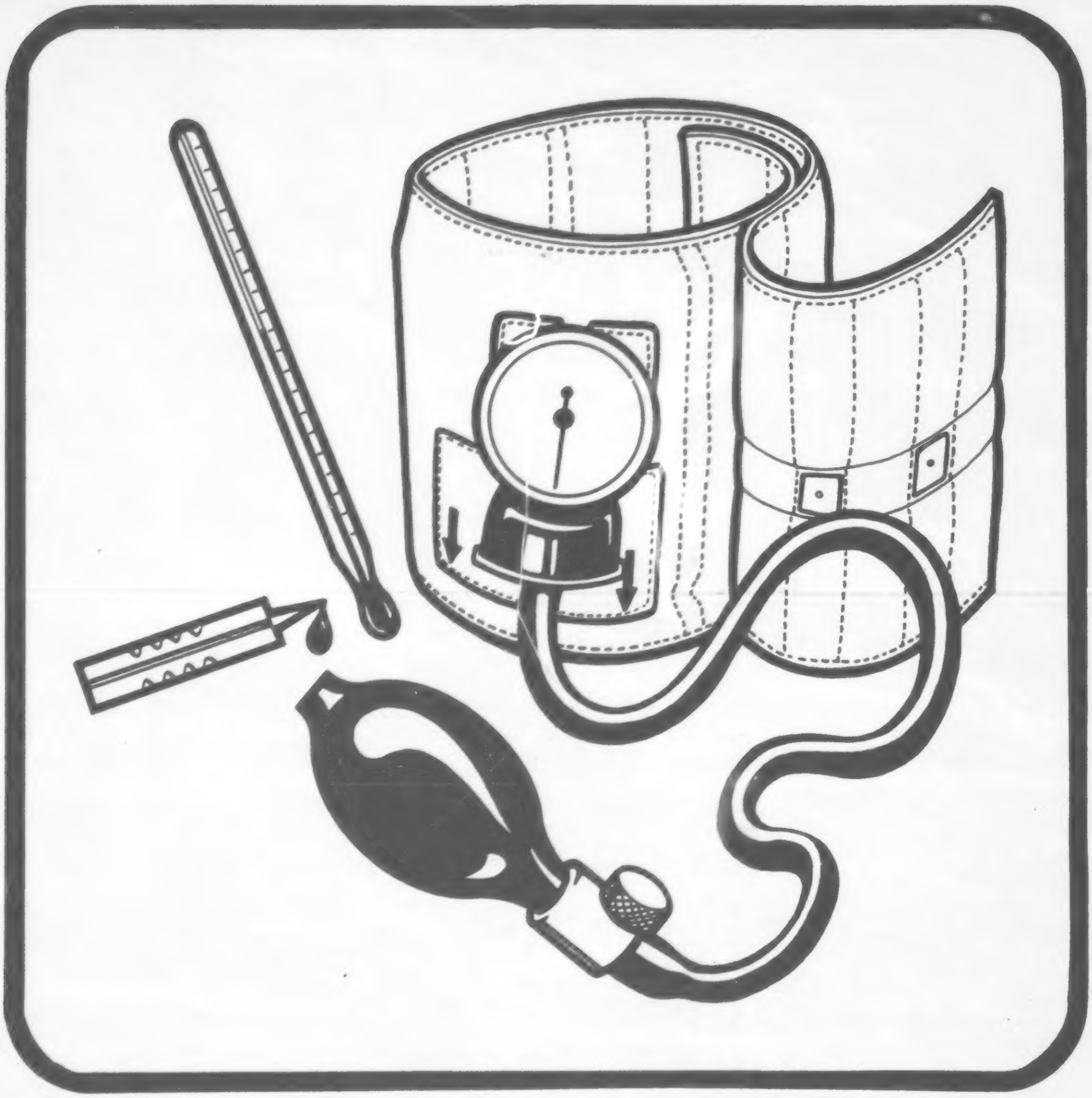
5. Fill out the label for the jar with the patient's name, the date, the doctor's name, what the specimen is and where it was removed from. Use pen and ink to fill this out.



6. Tape the label on the jar with scotch tape.

7. Place the specimen in the refrigerator unless you are going to take it directly to the lab.

Demonstrate the job steps for your teacher.



medical assistant

unit: OFFICE SURGERY

capital area career center

module: 4401 08 017 date: 1977 level: II

skill title: How To Remove A Knife Blade From A Knife Handle

developed & written by: Beverly Varney

visuals by: Mary Ann Gamel

PERFORMANCE OBJECTIVE

You are going to learn:

How to remove a knife blade from a knife handle.

In order to do this you will need:

#10 blade on a #3 knife handle

hemostat

carton for used sharp instruments

We will know you can do it when:

You have removed the knife blade from the handle without cutting yourself, and placed it in the carton for sharp instruments.

INFORMATION

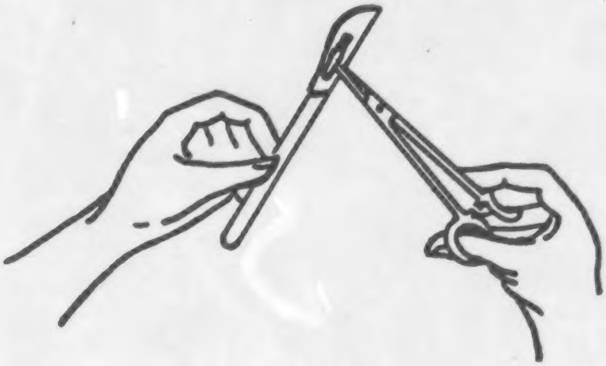
Knife blades are very sharp and care should be taken not to place them where someone could cut themselves. As you begin to clean up after the surgical procedure, take care of the knife blade first, in order that you don't cut yourself. We use a special carton for used sharp instruments so that people who handle the trash don't cut themselves.

JOB STEPS

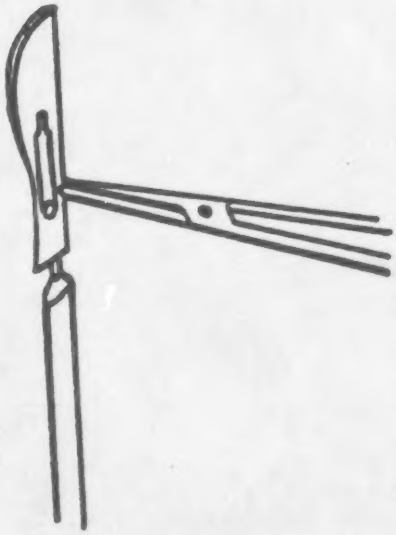
1. Pick up the knife handle and blade in your left hand so the cutting edge is away from you.

2. Pick up the hemostat in your right hand.

3. Open the hemostat and grasp the knife blade at the lower edge.



4. Wiggle the hemostat until the blade slot slips up over the bottom of the knife handle tip. DO NOT TAKE BLADE COMPLETELY OFF.

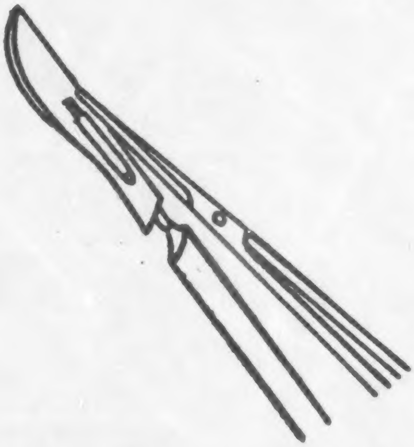


WORD GUIDE

SHARPS - sharp or pointed instrument which can cause injury if not disposed of in a special container.

JOB STEPS

5. Unclamp the hemostat and place it lengthwise along the dull edge of the blade.

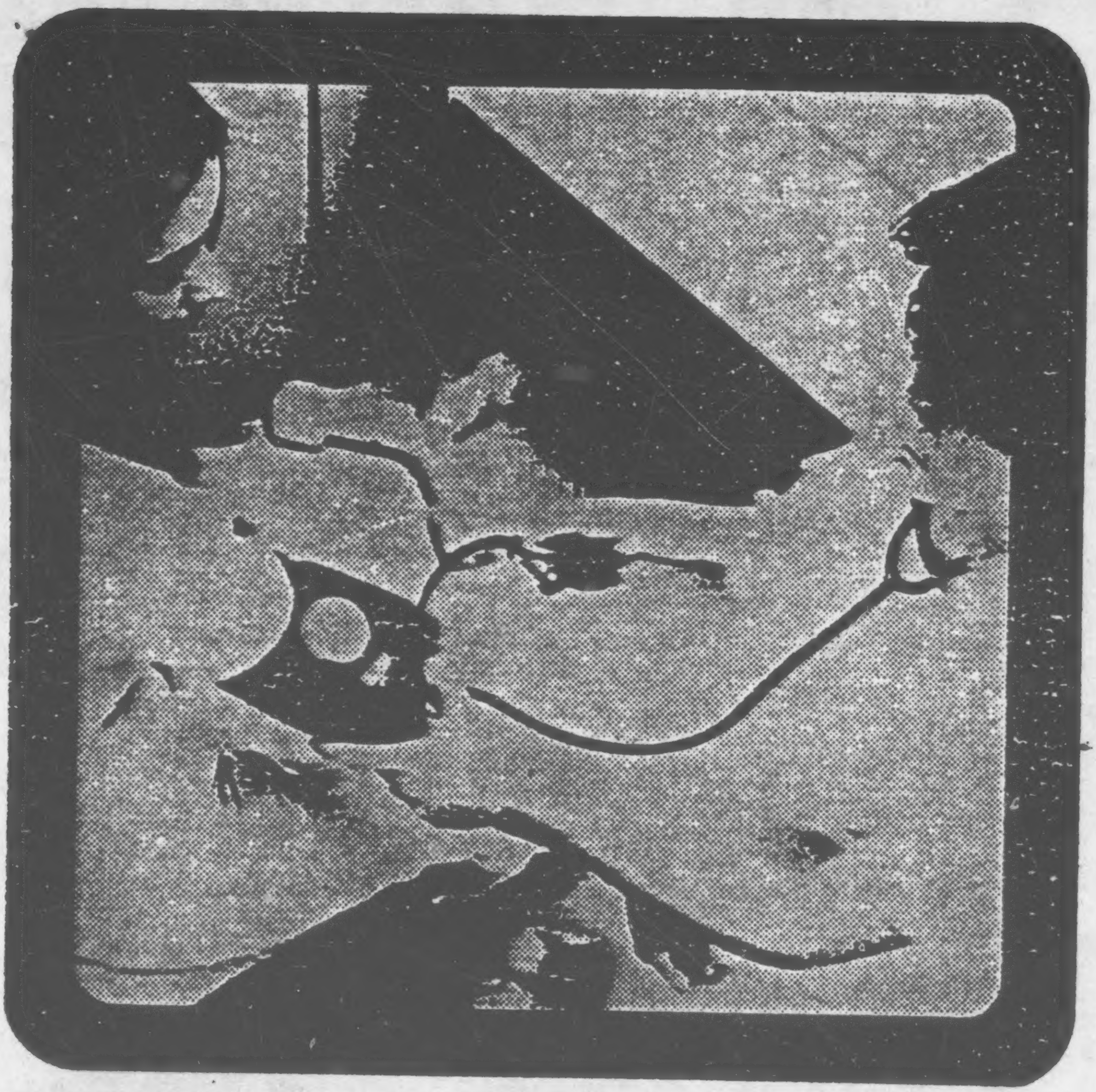


6. Pull forward with your right hand and backward with your left until the blade is out of the slot.

7. Carry the blade to the container for used sharps and drop the blade in the container.

8. Return the hemostat to the instrument tray.

Demonstrate the job steps for your instructor.



medical assistant

unit: Office Surgery

capital area career center

module: 4401 08 018 **date:** 1977 **level:** III

skill title: How to redress a wound

developed & written by: Beverly Varney

visuals by: Mary Ann Gamel

WORD GUIDE

REDRESS - Put a clean bandage on

SUTURE SET - Sterile instrument used to take stitches out

ACETONE - (ass'-eh-tone) A liquid skin cleanser

MERTHIOLATE - (mer-thigh'-oh-late) An antiseptic

ANTISEPTIC - (anty-sep'-tick) A liquid to fight germs

WOUND - (woond) The area cut

PERFORMANCE OBJECTIVE

YOU ARE GOING TO LEARN:

How to redress a wound.

AND IN ORDER TO DO THIS YOU WILL NEED:

1. suture set containing
   6 gauze squares
   hemostat or dressing forceps
   suture scissors
2. sterile cotton-tipped applicators
3. transfer forceps
4. adhesive or micropore tape
5. acetone
6. merthiolate or other antiseptic solution
7. bandage scissors
8. 3 cotton balls

WE WILL KNOW YOU CAN DO THIS WHEN:

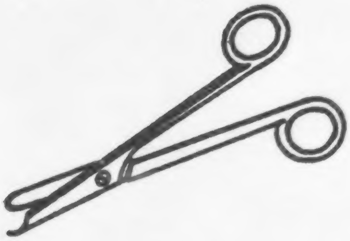
1. The old dressing has been removed as the job steps instruct you.
2. The old tape marks are taken off.
3. The incision has been cleaned with antiseptic.
4. The instruments are ready which the doctor will use to take sutures out.
5. A new dressing is on the wound as the job steps instruct you.

INFORMATION

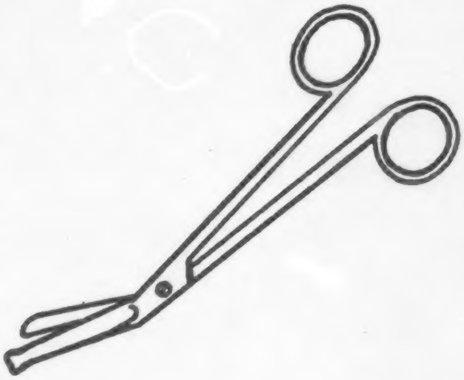
After 3 to 7 days the doctor will want to see the patient he did surgery on. The doctor will check to make sure there is no infection in the wound and may remove the sutures (stitches). Sutures are left in longer on parts of the body where normal daily use places strain on the surgical site; also in parts of the body where a deep incision is made.

Your job as a medical assistant will be to remove the old bandage or dressing from the wound, to cleanse the wound and to place a sterile dressing on after the doctor has removed the sutures. You will also need to prepare and clean up the instruments the doctor uses to remove the stitches.

There are two instruments used in this mod that were not used in the other office surgery mods. These are:



bandage scissors



suture scissor

For this module we will use the same "patient" as in the other modules. The "scene" is that the patient had the cyst removed from the lower left leg five days ago. Today the bandage is to be changed and the sutures removed and the wound redressed.

Work at the examining table with your equipment on a cart.

WORD GUIDE

EXPOSE - Uncover

JOB STEPS

1. Prepare a suture set. This is a sterile package containing 6 gauze squares, a dressing forceps or a hemostat, and a suture scissors.

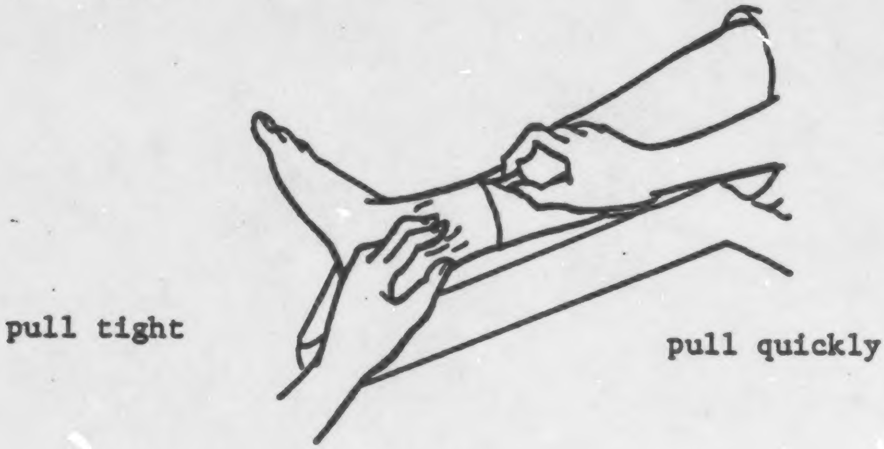
2. Ask the patient to come in to the examining room and sit on the table.

3. Raise the footrest and the headrest of the table.

4. Expose the bandage on the lower left leg.

5. Wash your hands.

6. Loosen the tape around the dressing. This should be done in quick motion with one hand while the other hand holds the skin tight.



WORD GUIDE

ADHESIVE - (add-he'-siv) Sticky part of the tape

JOB STEPS

7. When all of the tape is loosened, pick the dressing up and drop it in the plastic lined waste basket. If the dressing sticks to the wound, work it loose gently.

8. Remove the cover from the bottle of acetone.

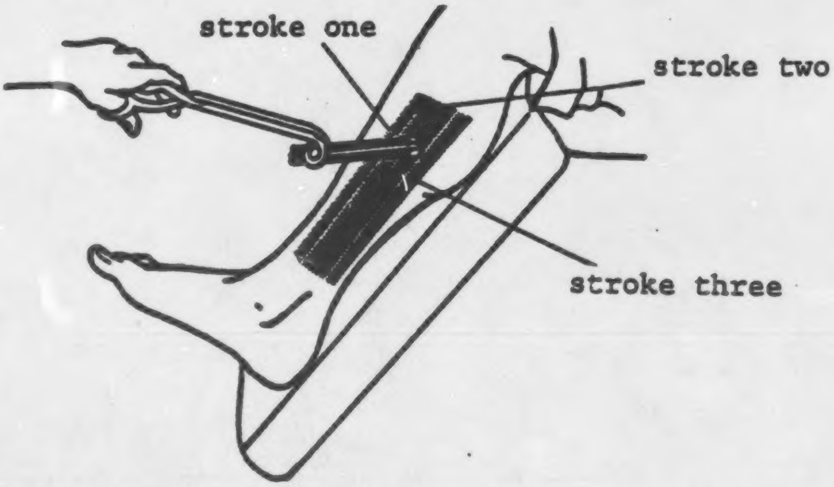
9. Moisten a cotton ball with acetone and wipe away all traces of adhesive where the tape was. Be careful not to get acetone on the wound.

10. Take the cover off the merthiolate bottle.

11. Remove 3 cotton-tipped applicators from the jar with the transfer forceps. Do not touch the cotton tips.

12. Dip the cotton tips of the applicators in merthiolate.

13. "Paint" the wound with the applicators like this:



WORD GUIDE

STERILE FIELD - An area which must be kept free from germs

JOB STEPS

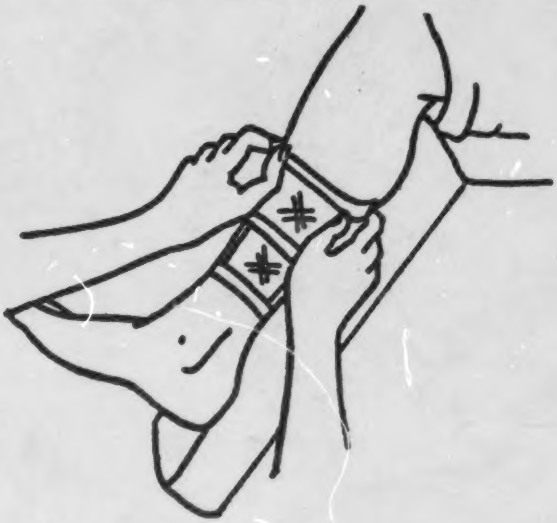
14. Open the suture set. Do not touch any of the contents. Let it lay flat with the paper wrapper as the sterile field.

15. Tell the doctor the patient is ready.

16. Use the bandage scissors to cut three strips of 1/2 inch tape which are 4 to 5 inches long.

17. After the doctor has removed the sutures, pick up a sterile gauze square with the dressing forcep or the hemostat and cover the incision (wound) with it. Repeat until the wound is entirely covered.

18. Tape the dressing in place with the strips you have cut, like this:



19. Assist the patient up from the table.

JOB STEPS

20. Take your equipment to the utility area.

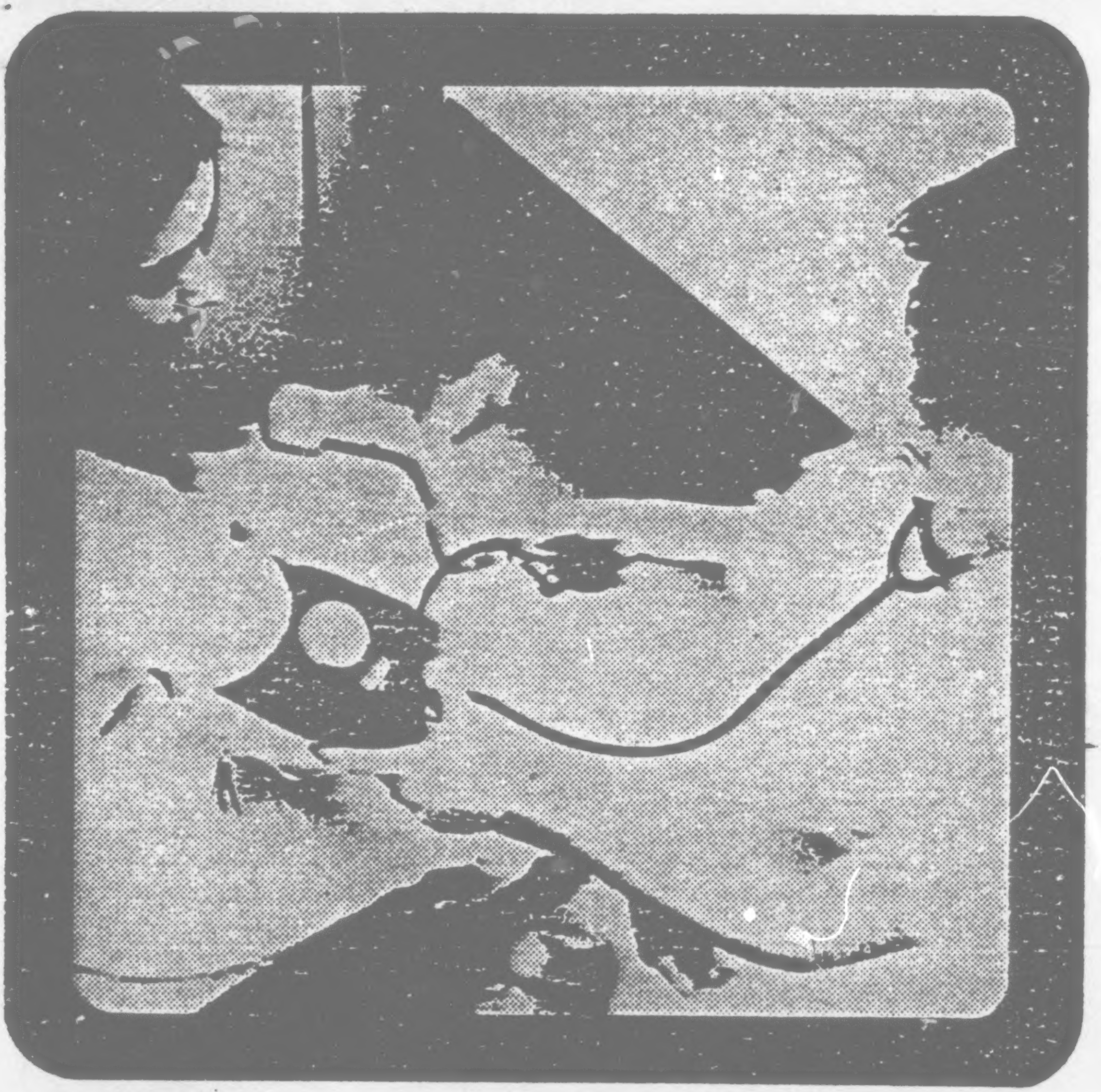
21. Throw away all used cotton, paper, gauze, etc.

22. Wash the instruments.

23. Dry the instruments.

24. In an office you would re-wrap and re-sterilize the instruments. In the classroom you will return them to the storage area.

Demonstrate the job steps for your instructor, who will also act as the doctor.



medical assistant

unit: Office Surgery

capital area career center

module: 4401 08 019 date: 1977 level: IV

skill title: How to Clean Up After a Surgical Procedure

developed & written by: Beverly Varney

visuals by:

WORD GUIDE

PERMANENT EQUIPMENT - items you keep

DISPOSABLE EQUIPMENT - items you throw away

PERFORMANCE OBJECTIVE

You are going to learn:

How to clean up after a surgical procedure.

In order to do this you will need:

all the instruments and equipment from mod 4401 08 001 to mod 4401 08 018.

liquid dishwashing soap

water

sink

laundry hamper

destruclip

two clean towels

wastebasket with plastic liner

We will know you can do it when:

All soiled permanent equipment has been cleaned and placed in the storage area; all laundry has been placed in the hamper; all disposable equipment has been thrown away; the room is clean and ready to receive the next patient.

INFORMATION

The medical assistant's job is not only to set up for surgery but, also, to care for all of the equipment used in these mods.

If you do not have an area in the office where you work which "matches" the area used in the M. A. lab, we are sure you will still be able to do this clean-up It's a little like doing dishes in someone elses kitchen.

Before you begin this module you should have completed each mod in unit 8 as a single mod. Now we want you to put them all together. This is the order to do them in: 4401 08 009, 4401 08 003, 4401 08 001, 4401 08 002, 4401 08 004, 4401 08 005, 4401 08 007, 4401 08 008, 4401 08 012, 4401 08 013, 4401 08 015, 4401 08 016, and 4401 08 017 and then this final mod to complete the unit.

JOB STEPS

1. For this module plan your class time so you have an hour from beginning till end.

2. When your patient leaves, change the table paper, and straighten the room up.

3. Wheel the cart with all the used equipment to your utility room or area.

4. Throw all soiled cotton balls, gauze squares, paper wrappers, suture scraps, in the waste basket.

5. Throw the used towels and muslin wraps in the laundry hamper.

6. Lay any clean gauze squares, cotton balls, towels on a clean area of the counter. Put the phisoderm and merthiolate there too.

7. Destroy the used syringes and needles with the destruclip. (Review mod 4401 08 0 if you do not remember how to do this).

8. Throw the disposable razor in the container for used sharp instruments.

9. Dump all unused solutions from the basins.

10. Place the unused local anesthetic (normal saline in this mod) on the counter with the other clean items which were left.

JOB STEPS

11. Take the scrub brush and nail cleaning stick from the sink. Throw them away if they are disposable. If they are not disposable, lay them with the instruments.

12. Fill the sink with about 2 inches of water and enough dish soap suds.

13. Spread a clean towel beside the sink.

14. Wash any sharp instruments one at a time.

15. Rinse each sharp instrument under the faucet.

16. Lay each clean sharp instrument on the clean towel.

17. Put all other soiled basins, brushes, instruments, etc. in the soapy water.

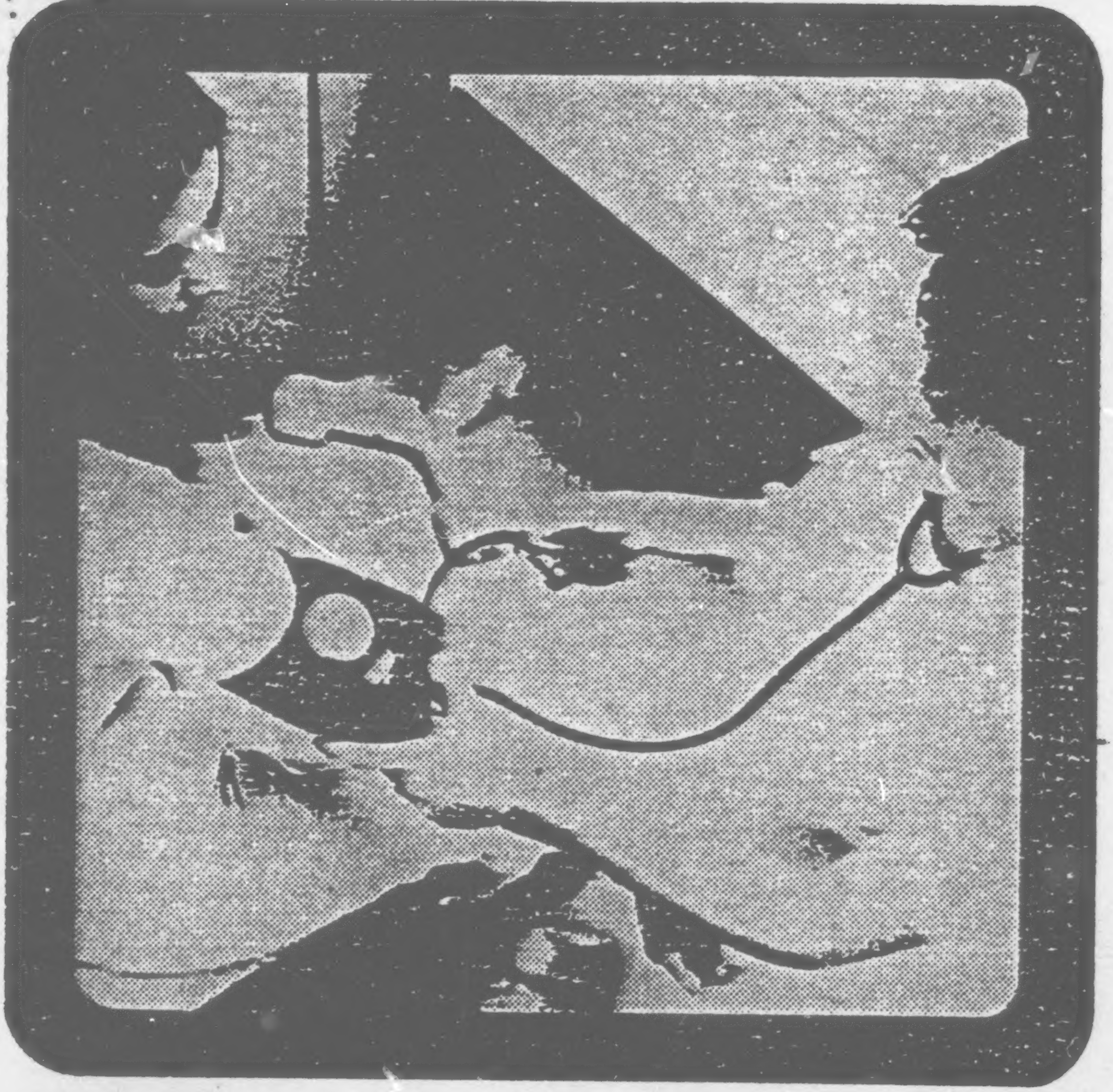
18. Finish washing and rinsing all the items in the sink.

19. Dry all the washed items with another clean towel.

20. Return all the clean and unused items to the storage areas in the cupboards.

Congratulations! If you've come this far you've been working for several days.

Demonstrate the entire office surgery unit for your instructor.



medical assistant

unit: TELEPHONING

capital area career center

module: 4401 09 001 date: 4/77 level: III

skill title: How to Schedule Patient Services by Telephone

developed & written by: Beverly Varney

visuals by:

WORD GUIDE

ANESTHETIST (an-ness-theh-tisst) - A person who gives the patient the drug or gas which puts him/her to sleep for the operation.

ANESTHESIA (an-ess-thee-zee-ah) - The drug or gas used to put the patient to sleep.

PERFORMANCE OBJECTIVE

You are going to learn:

How to schedule patient services, including medicals, hospital admissions, laboratory tests, and surgery.

And in order to do this you will need:

1. Slide-tape, "Scheduling Patient Services"
2. Telephone
3. Pen
4. Hospital pre-admission forms
5. Classmate to act as the patient
6. Appointment book
7. Patient's records

We will know you can do this when:

1. You have scheduled the correct service for the patient.
2. You schedule the patients with the anesthetist of his choice.
3. You have sent information to surgery, admitting and the anesthetist.
4. You have scheduled an appointment time for the patient on his/her pre-admission appointment form.
5. You have recorded all information in the appointment book and the patient's medical record.
6. You have correctly scheduled the lab test.
7. You have directed the patient how to prepare for the test.
8. You have scheduled the medical admission at the correct hospital.
9. You have provided the hospital with doctor's orders for the patient.

INFORMATION

You will schedule many kinds of services. These include: lab tests, x-rays, surgery, hospital admissions, appointments with other doctors, and others.

Always inform the patient when, where, and why he/she is expected. Always record your work on the patient's record.

NOTE: List surgery in your appointment book.

NAME Simon, Susie SPOUSE or [✓ FATHER] Abraham
INS 8061 7426 89403629 Blue Cross/Blue Shield BIRTHDATE 01-05-67 AGE 10
SEX F ADDRESS 1600 S. Pennsylvania Ave CITY Lansing ZIP 48910
[✓ S] M.W.D. TELEPHONE NUMBER 372-1649
FATHERS OCCUPATION Assembly at Oldsmobile ALLERGIES None

April 14, 1977 Scheduled for T&A at Ingham Medical on May 20, 1977 at 10 AM. Dr. Abraham to give anesthetic. Admit at 2 PM May 19, 1977.

Patient's Record

APPOINTMENTS

		May 18, 1977	May 19, 1977	May 20, 1977
8		T&A - Sparrow		
		John Jones		
9	00	T&A Sparrow		
	15	Shirley Gallagher		
	30	T&A Sparrow		
	45	Hiram Hinkley		
10	00	(Dr. Little for all		Susie Simon - T&A
	15	3 anesthetics)		Ingham Med. - Dr Abraham anes.
	30			
	45			

Appointment Book

Read the following three projects. Practice them several times with a classmate to role play the other people. When you are ready to be passed, your instructor will role play for you.

WORD GUIDE

T & A - Medical slang for Tonsilectomy and Adenoidectomy.

ANESTHESIOLOGIST (an-ess-thee-zee oh-low-jist) - A doctor who gives the patient the gas or drug which puts the patient to sleep for the operation.

SURGERY - A cutting procedure.

JOB STEPS

Project 1: Susie Simon and her mother are in an examination room. The doctor tells you to schedule Susis for a T & A.

1. Ask the doctor what length of time is needed for the operation. (Usually a T & A takes 30 minutes).

2. Check Susie Simon's chart for her age, parents' names, address, and insurance.

3. Check with Susie's mother to see if she prefers a certain anesthesiologist or if she will use one scheduled for her by the hospital.

4. Ask her which hospital and dates she prefers. Tell her you will call when arrangements are completed.

5. Provide her with a pre-admission form and explain how to fill it out. Tell her to mail it to the hospital when she completes it.

6. Call the hospital and ask for surgery.

JOB STEPS

7. When ward clerk answers, you say: "This is Doctor Physician's office. I would like to schedule a T & A."

8. Give ward clerk the patient's name and age and also the name of the anesthesiologist the mother prefers.

9. If you wish to schedule a hospital anesthesiologist, ask the clerk to do it for you. Write down the doctor's name and the date and time she scheduled. Repeat this information to her.

10. Call the anesthosiologist chosen by Susie's mother. Ask if he/she is available on day scheduled. If not, call surgery again until you can schedule a time when he is available.

11. Give the anesthesiologist's Medical Assistant, the patient's name, age, the hospital, operation, date, and time scheduled, parents' name, parents' insurance and phone number.

12. Call the hospital again and ask for admissions.

13. Give admissions the time and date scheduled for the patient's surgery.. Provide patient's name and age, and if requested any necessary information.

14. Call back Susie's mother and give her date and times for admission and surgery. Politely ask her to repeat this information for you.

15. Record all necessary information in your appointment schedule book.

16. Record all necessary information on patient's record.

WORD GUIDE

PNEUMONIA (new-moan-ee-ah) - A lung infection.

N.P.O. - Nothing by mouth.

SMA_{12} - Laboratory test which checks 12 different blood tests.

JOB STEPS

Project 2: The doctor tells you that Mrs. Stettler will have an SMA_{12}. Mrs. Stettler comes to the office.

1. Ask Mrs. Stettler on which day she would prefer to have the tests.

2. Call the laboratory and ask to schedule an SMA_{12} on the date she prefers.

3. If it is not available, make the appointment for the day closest to that she has requested.

4. Check with the patient to make sure she can make it at that time.

5. If the time is satisfactory, give the laboratory the patient's name, age, test to be performed (SMA_{12}) and her doctor's name.

6. Give Mrs. Stettler an appointment card with the address of the laboratory and the day and time of her appointment.

7. Give her a sheet of printed instructions that she is to follow before the test (N.P.O. after midnight preceding test).

8. Write the date and time and test ordered on the patient's medical record. List appointment date and time.

Project 3: Tyler Carleton, age 46, is a patient in your office. He is to be admitted to the hospital with pneumonia.

JOB STEPS

1. List his address, insurance, telephone, place of employment on his record.

2. Ask the patient which hospital he prefers.

3. Call this hospital and ask for Admissions.

4. Tell the admitting clerk you would like to admit a patient with pneumonia. Provide the patient's name, address, age, doctor, and diagnosis. Ask the clerk what time the patient should come to Admissions.

5. Ask for the patient's room number.

6. Tell the patient to go to Admissions at the scheduled time.

7. Have the patient fill out the pre-admission form to take with him.

8. List the date, hospital, and date admitted on the patient's medical record.

9. Give the doctor the name of hospital and the patient's room number.

10. Check with doctor for orders of patient's directions so you will have them ready when the hospital calls for them.

11. When the patient has been admitted to the hospital, the nurse there will call you for orders. The doctor will talk to him or will give you a list of orders to read to him. This is a sample set of orders. Always ask the person to read them back to check for accuracy.

JOB STEPS

1. Soft diet
2. BRP (bathroom privileges)
3. TPR qid (Temperature, pulse, respirations, 4 times a day)
4. CBC (Complete blood count)
5. Penicillin 200,000 q6h x 5d (Every 6 hours for 5 days)
6. T.C. to lab STAT (Throat culture)
7. A.S.A. gr X, q 4 h, PRN Headache and for temperature over 101 degrees oral (Acetylsalicylic Acid or Aspirin - 10 grains every 4 hours when necessary)
8. Force fluids

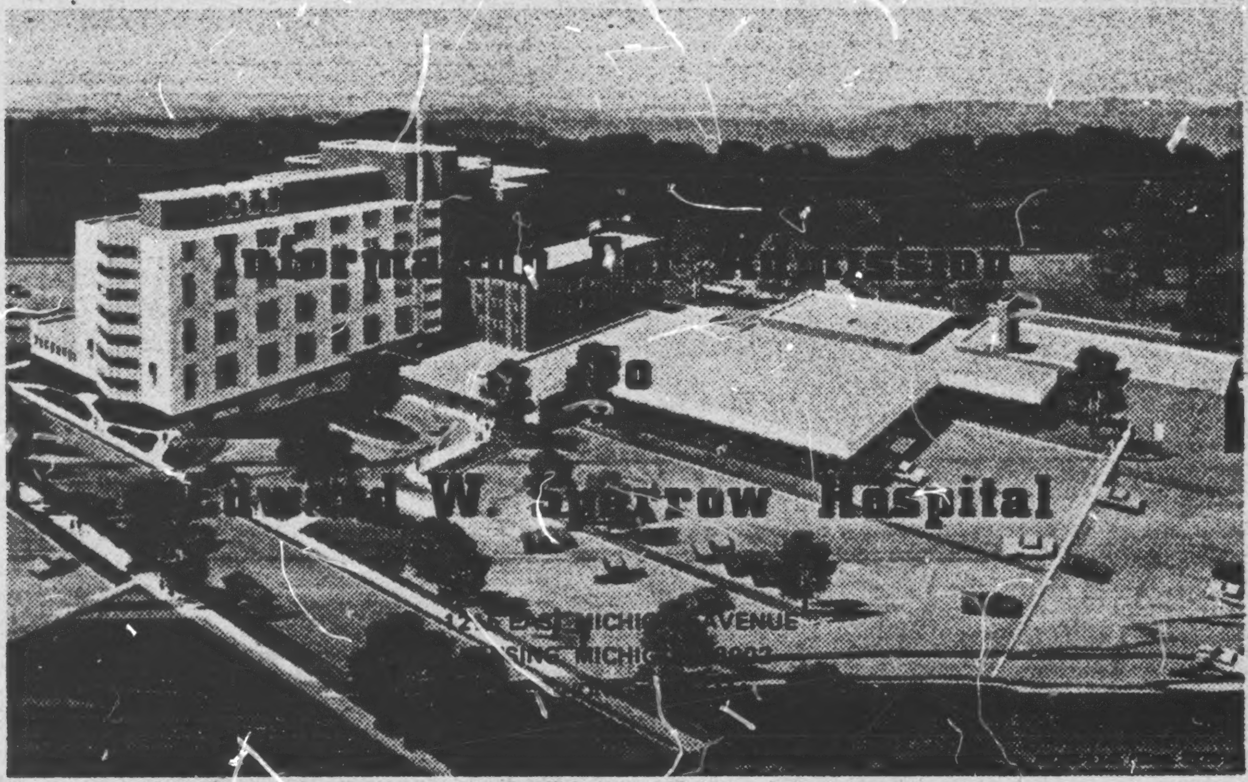
Now, watch the slide/tape Scheduling Patient Services to see how it is done.

Your Admission to Edward W. Sparrow Hospital
Is Scheduled For:
Date: ______________________
Time: ______________________

Your Surgery
Is Scheduled For:
Date: ______________________
Time: ______________________

Comments: ______________________

Physician: ______________________



Your admission to Edward W. Sparrow Hospital has been requested by your physician, a member of the hospital medical staff. He will notify you of the specific date and time for your admission.

To save time when you arrive, please complete the following preadmission form and return it to Sparrow Hospital at least one day before your admission date. We will try to provide the type of room you request; however, this is not always possible. A room charge will be made for the type of room you occupy.

For a maternity admission, be sure to include your expected delivery date and return this form four (4) weeks in advance of that date.

If you have any questions about your admission or the completion of this form, please call the Admitting Office, 487-9150.

To ensure prompt service, please plan to arrive at the scheduled time. Thank you for your help.

MICHIGAN MEDICAL ARBITRATION PROGRAM

Michigan law now requires that all hospitals offer each in-patient and surgical out-patient the option of arbitration to resolve disputes which may arise during the course of your hospital stay.

When you check into the hospital you will be provided with a Patient Information Booklet approved by the Insurance Commissioner which explains in detail the arbitration procedure. At the time of admission you will be offered an arbitration agreement to sign.

The agreement to arbitrate is not a prerequisite to health care or treatment.

"PLEASE PRINT – Separate at dotted line and retain remainder for your reference."

EDWARD W. SPARROW HOSPITAL	PREADMISSION INFORMATION	LANSING, MICHIGAN				
DATE TO BE ADMITTED	☐ INPATIENT ☐ OUTPATIENT	PREGNANCY ☐ Yes ☐ No	EXPECTED DELIVERY DATE	ADMITTING PHYSICIAN	PRIOR ADMISSION Month ________ Year ________	
PATIENT'S LAST NAME FIRST NAME MIDDLE INITIAL	ADDRESS	CITY	STATE	ZIP CODE		
DATE OF BIRTH	AGE	SEX	MARITAL STATUS M. S. W. D. Sep.	CHURCH	HOME PHONE	NAME OF PARENT(S) OR SPOUSE
RELATIVE OR FRIEND (Not Spouse)	RELATIONSHIP	ADDRESS	CITY	STATE	TELEPHONE	
PATIENT'S SOCIAL SECURITY NUMBER	PATIENT EMPLOYED BY	EMPLOYER'S ADDRESS				
PAYMENT OF BILL TO BE BY: ☐ MEDICAID ☐ PRIVATE PAY	☐ BLUE CROSS ☐ MEDICARE ☐ OTHER	☐ COMPENSATION ☐ OTHER INSURANCE	WHO IS SUBSCRIBER TO INSURANCE (CHECK ONE) ☐ PATIENT ☐ SPOUSE ☐ MOTHER ☐ FATHER ☐ OTHER			
NAME OF POLICY HOLDER	POLICY HOLDER'S SOC. SEC. NO.	GROUP – ☐ DIRECT – ☐	NAME OF INSURANCE COMPANY			
NAME AND ADDRESS OF EMPLOYER, LOCAL OR ORGANIZATION INSURANCE IS THRU	POLICY NUMBER	ROOM PREFERENCE (NOT GUARANTEED) ☐ PRIVATE ☐ SMOKING ☐ WARD ☐ NON-SMOKING ☐ SEMI ☐ NO PREFERENCE				
PATIENT'S MEDICARE NO.	MEDICAID NO: SUFFIX COUNTY CODE GROUP	GIVE INSURED DAILY ROOM COVERAGE ☐ SEMI ☐ WARD ☐ FLAT RATE ________				
BLUE CROSS GROUP NO. __ __ __ __ __	BLUE CROSS SERVICE CODE (12 DIGITS) __ __ __ __ __ __ __ __ __ __ __ __ BC BS BC-BS	BLUE CROSS CONTRACT NO. (10 DIGITS) __ __ __ __ __ __ __ __ __ __	BLUE CROSS PLAN CODE __ __ __	EFFECTIVE DATE		
GUARANTOR OR FINANCIALLY RESPONSIBLE PARTY	ADDRESS					
EMPLOYER OF GUARANTOR	ADDRESS					

PRE-ADMISSION PROGRAM FOR CHILDREN

The staff at Edward W. Sparrow Hospital wishes to make your child's hospitalization as pleasant as possible. To assist in preparing your child for his stay in the hospital a Pre-Admission Orientation Class is held. Both child and parent may attend any Monday or Wednesday from 3 to 4 P.M., on the children's unit, 3-South. A nurse will show slides and equipment. There is time for questions to be asked and answered. It is suggested that this class be attended approximately one week prior to the scheduled admission.

If you are interested, please fill in the attached form and mail along with your Pre-Admission form in the enclosed self addressed envelope. For inquiry, call 487-2731 or 487-2804.

NAME______________________________ AGE______________
DATE TO BE ADMITTED______________________________
REASON FOR ADMISSION______________________________

DATE YOU PLAN TO ATTEND THE PROGRAM:
MONDAY, 3 TO 4 P.M.______________________________
WEDNESDAY, 3 TO 4 P.M.______________________________

FINANCIAL ARRANGEMENTS

PRIVATE PAY PATIENTS

All patients paying their own accounts must make deposits. The amount of deposit is determined by the estimated length of stay:

One to Three days	$350.00 deposit
Four to Six days	$600.00 deposit
Seven or more days	$800.00 deposit
Maternity	$700.00 deposit
Outpatient Surgery	$140.00 deposit

Patients staying more than seven days must pay weekly billings or must make financial arrangements with the Admitting Dept. Balances over the deposit amount are due at discharge. We accept Master Charge or Bank Americard. Patients wishing to make financial arrangements prior to their admission may call 487-9156, 8:00 A.M. - 4:30 P.M., Monday thru Friday.

COMPENSATION OR LIABILITY CASES, NO-FAULT AUTOMOBILE INSURANCE

Patients eligible for compensation, liability or no-fault automobile insurance benefits must present written authorization of payment to the hospital on admission. No-fault automobile insurance will be considered primary payor for any admission resulting from an automobile accident. Verbal verifications are not acceptable. If written authorization is not presented, the patient shall be considered a private pay patient and a deposit will be requested.

MICHIGAN HOSPITAL SERVICE (BLUE CROSS), AMERICAN PLAN, GREAT WEST LIFE, AND MESSA

Patients must present their Blue Cross, American Plan, Great West Life Insurance, or Messa card upon admission. We must make a copy of your card to obtain benefit verification from your carrier.

If you have a deductible insurance policy, all deductibles are due on admission.

MEDICARE

At the time of admission the patient must present the red, white, and blue Medicare card. The current Medicare deductible amount is due upon admission unless evidence of a supplemental insurance plan is presented.

MEDICAID – SOCIAL WELFARE – CRIPPLED CHILDREN

Those patients requiring financial aid from the Department of Social Services, Department of Services to Crippled Children or other State or Federal agencies must have written authorization or (current Medicaid card), available prior to being admitted. Each patient is responsible for obtaining his necessary authorization. Our admitting office or the patient's physician can advise in the preparation of the necessary application.

CHAMPUS – MILITARY INSURANCE

Dependents of active duty personnel, military retirees and their dependents must present their ID card on admission.

ALL OTHER INSURANCE COVERAGE

At the time of admission please bring two completed copies of the hospital claim form. These forms can be obtained from your employer or your insurance agent.

These forms require the following:

1. Signature and address of your agent or employer.
2. Insurance Benefits.
3. Assignment of Benefits.

In order to get the necessary additional information we ask that you bring your insurance policy and card with you at the time of admission. The person that is the insurance policy holder must be present upon admission so that the necessary forms may be properly signed.

GENERAL

IN ALL INSTANCES PATIENTS NOT HAVING THE NECESSARY INSURANCE INFORMATION AT THE TIME OF ADMISSION WILL BE REGARDED AS PRIVATE PAY PATIENTS AND A DEPOSIT WILL BE REQUIRED. ALL BALANCES NOT COVERED BY INSURANCE ARE DUE AND PAYABLE UPON DISCHARGE.

PREOPERATIVE INSTRUCTION FOR ADULT PATIENTS

The nursing staff of Edward W. Sparrow Hospital is sincerely interested in making you as comfortable as possible both before and after your approaching surgery. To assist in your recovery, we offer a Preoperative Instruction Program each Sunday through Friday on the Surgical nursing units.

The program is presented by a registered nurse in an informal gathering of newly admitted patients. Upon admission to the nursing unit, you will be notified of the exact time and place of the presentation. A family member is also invited to attend with you.

WHAT TO BRING WITH YOU UPON ADMISSION

You should bring the following: Slippers, robe and any cosmetic or shaving accessories. The hospital will furnish toothbrush, toothpaste, soap and comb. We encourage you to wear hospital gowns as personal items of clothing will not be laundered by the hospital.

Do not bring jewelry or large sums of money ($2.00 to $5.00 should be adequate). The hospital cannot be responsible for items kept in your room; however, a vault is available for valuables you wish safeguarded during your stay.

– SPECIAL CONSIDERATIONS –

AGE

All patients under eighteen (18) must be accompanied by parents or guardian or spouse for admission.

EMERGENCIES

Emergencies are admitted at any hour. Admitting and financial information may be attended to after the patient improves, or by family or friends.

TV'S AND RADIOS

We ask that you do not bring personal radios or TV's. If you do bring one, it must be equipped with earphones or a pillow speaker and it must be approved by the hospital Purchasing Dept. The hospital assumes no responsibility for damage to or loss of personal TV's or radios.

TV's may be rented at the Gift Shop located in the main lobby area of the hospital.

PATIENT ROOM TELEPHONE SERVICE

You may obtain telephone service on a rental basis by informing the admitting clerk upon admission.

SURGICAL LOUNGE

During your surgery, a surgical lounge is available to your friends and relatives. Located on the second floor of the South Wing, a volunteer attendant is on duty there to notify your family of the completion of your surgery.

COFFEE SHOP

A coffee shop on the main lobby floor is open from 7:00 A.M. to 8:30 P.M.

RELIGIOUS SERVICES

Every Sunday at 2:00 P.M. religious services are held for patients and visitors in the ALL Faiths Chapel on the second floor of the South Wing.

HOSPITAL ADMISSION HOURS

Hospital admissions between the hours of 6:00 A.M. to 9:00 P.M. will be through the Michigan Avenue entrance of the Admitting Department. Admissions between 9:00 P.M. and 6:00 A.M. will be through the Jerome Street Emergency Room entrance.

HOSPITAL DISCHARGE HOUR

The discharge hour is 11:00 A.M. each day, or one hour after your doctor discharges you, whichever is later. If you do not vacate your room at the prescribed time, a "late charge" is added to your bill. This charge is not covered by insurance.

A Courtesy Lounge is provided for patients unable to make arrangements to leave the hospital by the designated time.

Maternity discharge hour is 1:00 P.M. each day.

ADMISSION TO

Lansing General Hospital Osteopathic

2800 DEVONSHIRE LANSING, MICHIGAN 48909 PHONE 517 - 372-8220

Dear Patient,

The entire staff of Lansing General Hospital, Osteopathic would like to make your stay as pleasant and comfortable as possible.

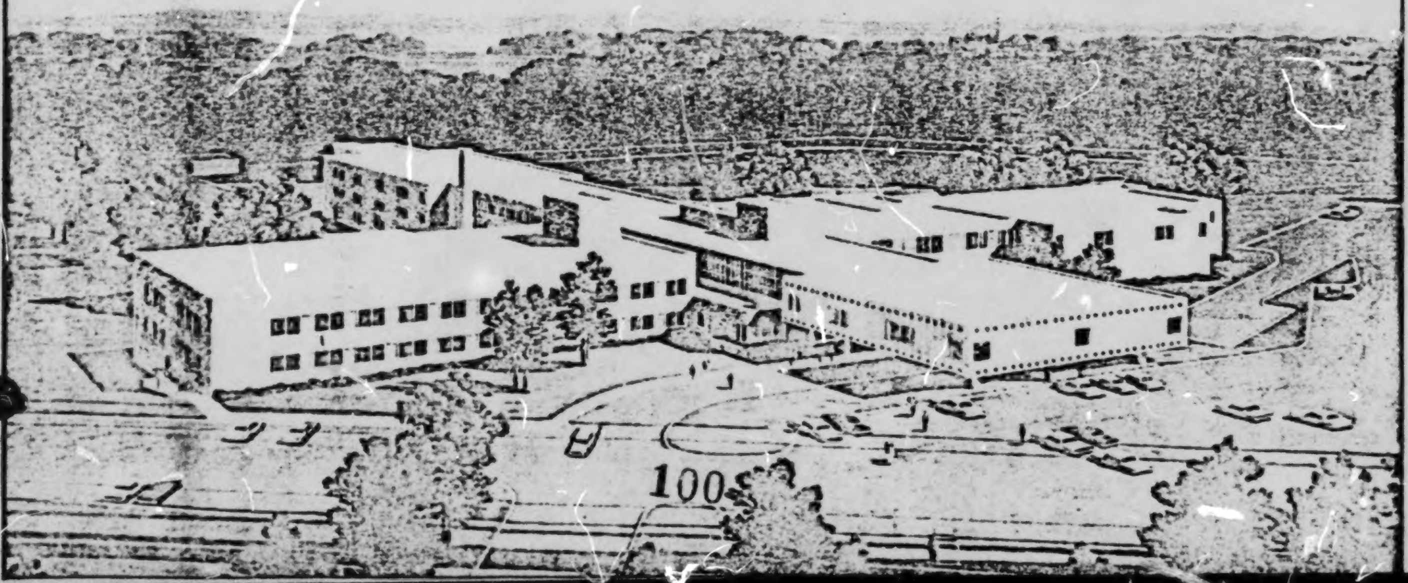
The enclosed Pre-Admission Registration Form contains valuable general information. If you have any questions after reading this brochure, feel free to contact our Hospital Registrations Office - Phone 372-8220.

To reduce admitting time and inconvenience to you, we ask that you complete this form and return it to the hospital as soon as possible.

Sincerely,

The Administrator

Lansing General Hospital, Osteopathic



INFORMATION FOR YOU

You are scheduled for admission on ______________________________ at ____________________. It is important that you arrive at the above scheduled time. Use the main entrance and stop at the Information Desk in the lobby to register.

1. Please bring with you -

- Sleeping apparel if desired (Hospital gowns are available as well as slippers.)
- Bathrobe
- Toilet articles (These items may be purchased in the Gift Shop if necessary.)
- Also, patient comfort kits may be purchased at cost in the Admitting Department when you arrive. These kits contain a comb, toothbrush, toothpaste, mouthwash, lotion, soap, powder, tissues and a pencil.

2. Please do NOT bring -

- Radios or television sets, unless battery operated.
- Jewelry or other valuables (The hospital cannot assume responsibility for valuables.)
- Please do not keep more than $5.00 at the bedside.

3. Credit Arrangements -

- At the time of admission you must present proof of hospitilization insurance or make a $300 deposit. Patients are responsible for paying the rate difference between a semi-private and a private room. If you are unsure of your health insurance coverage, or if you have any questions that need clarification, our Patient Accounts Coordinator is available to assist you. (Phone number below)

4. Admission of minors -

- All unmarried patients under 18 years of age must be accompanied by parents or a legal guardian to give consent for treatment in the hospital.

5. Surgical waiting lounge -

- For the convenience of your relatives and friends, there is an attended surgical waiting lounge adjacent to the main lobby. The attendant will inform them of your arrival in the recovery room from surgery and of your return to your room. Your physician will meet with your relatives in the lounge following the operation.

6. Visitor meals -

There are vending machines in the cafeteria in use 24 hours. Hot meals are available for visitors daily from 1:00 p.m. - 1:45 p.m. and 5:30 p.m. - 6:30 p.m.

7. Visiting hours -

- GENERAL VISITING: 11:00 a.m. - 8:00 p.m. daily.
- MATERNITY:
- PEDIATRICS:
- ICCU:

} Visiting information in these special areas will be given to the families upon the patients admission.

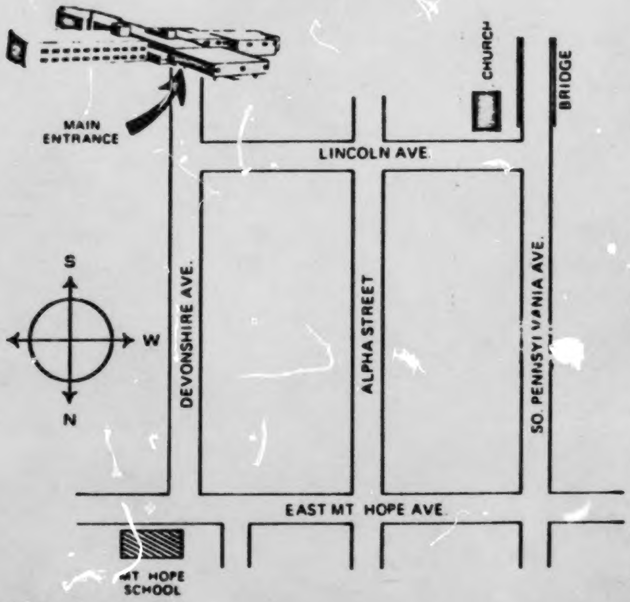
8. Discharge -

- Discharge time is 11:00 a.m.

  Patients are discharged after the physician discharge order has been written on the patient's chart. Before leaving the hospital, the patient or family must stop at the Cashier's window for a discharge card. At this time the patient information will be reviewed to see if it is correct and complete and to see if all necessary forms are signed and arrangements made.

- After discharge, if you have any questions concerning your hospital bill, please feel free to call the hospital Credit Office at 372-8220, Ext. 315, Monday through Friday from 8:00 a.m. - 4:30 p.m.

  If you have any questions concerning a bill from a physician, please call his office or the phone number on the billing statement directly for the proper assistance.



9. Lansing General Hospital is ready to assist you. Please call us before admission if you have any questions.

Hospital number: 372-8220

Admitting - Ext. 208 Patient Accounts Coordinator - Ext. 315 Social Services - Ext. 290

LANSING GENERAL HOSPITAL OSTEOPATHIC

PRE-ADMISSION REGISTRATION FORM

PHYSICIAN'S NAME	EXPECTED DATE OF ADMISSION

PLEASE PRINT OR TYPE ALL INFORMATION

PATIENT'S NAME LAST	FIRST	MI	BIRTHDATE	AGE	SEX ☐ MALE ☐ FEMALE	CIVIL STATUS ☐ SINGLE ☐ MARRIED ☐ SEPARATED ☐ WIDOWED ☐ DIVORCED

PATIENT'S STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE

PATIENT'S SOCIAL SECURITY NUMBER	HOSPITAL UNIT NUMBER	PLACE OF BIRTH	RELIGIOUS PREFERENCE	HOME TELEPHONE NUMBER
PATIENT'S EMPLOYER	ADDRESS		EMPLOYER'S PHONE NO.	PATIENT'S OCCUPATION
NAME OF NEAREST RELATIVE (IF PATIENT IS CHILD BOTH PARENTS NAMES)	ADDRESS		TELEPHONE NUMBER	RELATIONSHIP

HAS PATIENT BEEN HOSPITALIZED AT LANSING GENERAL HOSPITAL BEFORE? ☐ YES ☐ NO

IF YES, WHEN WAS THE LAST TIME AND UNDER WHAT LAST NAME?

DO YOU SMOKE? ☐ YES ☐ NO

DO YOU MIND BEING IN A ROOM WITH SOMEONE WHO SMOKES? ☐ YES ☐ NO

ROOM DESIRED (IF AVAILABLE) ☐ PRIVATE ☐ SEMI-PRIVATE

NAME AND ADDRESS OF PERSON FINANCIALLY RESPONSIBLE	OCCUPATION	RELATIONSHIP TO PATIENT	TELEPHONE NUMBER
NAME AND ADDRESS OF RESPONSIBLE PARTY'S EMPLOYER		SOC. SEC. NO. OF RESP. PARTY	EMPLOYER'S PHONE NO.

IF YOU HAVE BLUE CROSS - BLUE SHIELD INSURANCE, PLEASE FILL IN THE NUMBERS ON THE DIAGRAM →

BLUE CROSS
BLUE SHIELD

EFFECTIVE DATE OF CURRENT COVERAGE

SUBSCRIBER NAME

GROUP NUMBER

SERVICE CODE

CONTRACT NUMBER

B. C. PLAN CODE

IS YOUR POLICY THROUGH YOUR EMPLOYER? ☐ YES ☐ NO

IS IT A PRIVATE POLICY? ☐ YES ☐ NO

ADDITIONAL COMMENTS:

FEDERAL BLUE CROSS (FILL IN NUMBERS BELOW):

COMMERCIAL INSURANCE—COMPANY NAME	COMPANY ADDRESS OR BILLING ADDRESS	POLICY NUMBER	PRIVATE POLICY? ☐ YES ☐ NO
POLICYHOLDER'S NAME AND ADDRESS	POLICYHOLDER'S EMPLOYER'S NAME & ADDRESS		

MEDICARE:
(WRITE IN NO. & LETTER FROM YOUR CARD)

DO YOU HAVE OTHER INSURANCE BESIDES MEDICARE? ☐ YES ☐ NO

MEDICAID: (FILL IN THE FOLLOWING INFORMATION FROM YOUR CARD)

RECIPIENT I.D. NO.

ELIGIBLE PERIOD ______ THRU ______

PROG.	CO.	DIST.	UNIT	ELGER.	CASE NUMBER
SCOPE OF COVERAGE	PATIENT PAY AMT.		LEVEL OF CARE	OTHER INSURANCE	

IF YOU DO NOT HAVE A CARD	NAME OF CASEWORKER	COUNTY	PHONE NUMBER

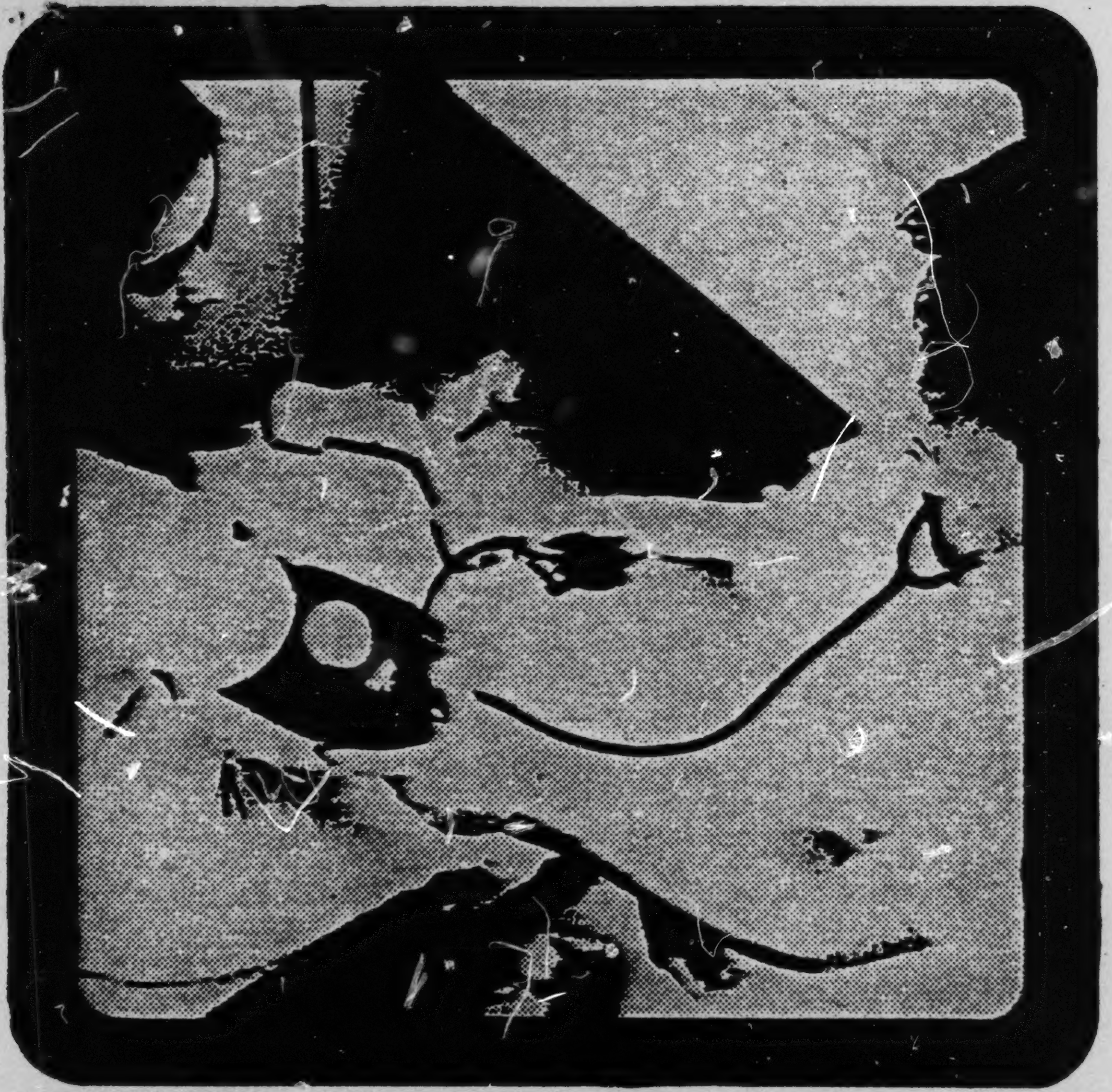
WORKMEN'S COMPENSATION: (FILL IN NAME AND DEPARTMENT OF IMMEDIATE SUPERVISOR OR PERSON TO CONTACT FOR VERIFICATION)

NAME: DEPT: PHONE NO.:

IF YOU HAVE NO INSURANCE, A DEPOSIT OF $300.00 IS REQUIRED BEFORE ADMISSION. IF YOU HAVE ANY QUESTIONS REGARDING THIS PLEASE CALL THE PATIENT ACCOUNTS COORDINATOR AT 372-8220 EXT. 315 BEFORE YOUR ADMISSION.

PLEASE BRING ALL YOUR INSURANCE CARDS WITH YOU.

TEAR THIS SHEET AT PERFORATION, FOLD, AND MAIL IN ENCLOSED ENVELOPE.



medical assistant

unit: Telephoning

capital area career center

module: 4401 09 002 date: 3/77 level: II

skill title: How To Receive A Laboratory Report By Telephone

developed & written by: Beverly Varney

visuals by:

WORD GUIDE

LABORATORY (lab'-or-a-tore-ee) - Abbreviated "lab" - is a place where tests are done on body fluids, such as blood and urine and on body tissue.

REPORT (Ree-port') - The results of the tests the lab has done.

ABBREVIATION (Ah-bree-vee-a-shun) - A short way of saying or writing a word.

PERFORMANCE OBJECTIVE

You are going to learn:

How to answer a phone call from a laboratory and then, write the report on scratch paper.

And in order to do this you will need:

A telephone

A scratch pad

A pencil

Cassette player

Audio flash card set #9-2

Cassette #9-2

We will know you can do it when:

1) You can write the report as it is given to you, on scratch paper, and then, read the report back to your instructor.
2) You can correctly pronounce the words in the word list.
3) You can tell the abbreviated form for the words in the word list.

INFORMATION

One of the ways a doctor can diagnose what is wrong with a patient is to have lab tests taken. Sometimes, if the doctor is in a hurry to find the results, she/he asks the lab to phone in the report. When this is done, the Medical Assistant is usually the one who answers the phone.

The Medical Assistant writes down the report. You will need to have some of the terms and their abbreviations memorized, so you can write quickly.

Look at this sample lab report. Do not worry about how to say the words or what they mean; that will come later.

Sample Lab Report

Patient: Jill O'Berry

Date: 10-23-77

Laboratory Report:

Complete Blood Count

Hemoglobin - Nine grams
Hematocrit - 27 volumes percent
Red Blood Count - Four and six tenths million
Mean Corpuscular Hemoglobin Concentration - Thirty-two
Mean Corpuscular Volume - Ninety
Mean Corpuscular Hemoglobin - Thirty
White Blood Count - Seven thousand two hundred eighty
Lymphocytes - Forty percent
Monocytes - Five percent
Eosinophils - Two percent
Basophils - Three percent
Comments: Normochromic, Moderate Anisocytosis and Poikilocytosis.
Platelets - Two hundred thousand

Blood Chemistry

Glucose - 120 milligrams percent
Blood Urea Nitrogen - Twelve
Prothrombin Time - Thirteen seconds

INFORMATION

Urinalysis

Color - Straw

Character - Slightly cloudy

Specific Gravity - One point zero one eight

p H - Five and eight tenths

Protein - Negative

Sugar - Negative

Ketones - Negative

Bilirubin - Negative

Occult Blood - Negative

White Blood Cells - Two per high powered field

Red Blood Cells - Zero to three per high powered field

Casts - Occasional hyaline

Crystals - Amorphous Calcium Oxalate

Epithelial Cells - Negative

Bacteria - Negative

Mucous Threads - Few

INFORMATION

The list shows how to say the words contained in the report, their abbreviated form and meaning.

WORD	ABBREVIATION	MEANING
Complete Blood Count	CBC	A group of tests on blood.
Hemoglobin (Hee'-mow-glow-bin)	Hgb	A pigment or coloring found in the blood.
Hematocrit (Hee-mat'-oh-krit)	Hct	The volume of red cells in a given amount of blood.
Red Blood Count	RBC	Total number of red blood cells (erythrocytes).
Mean Corpuscular Hemoglobin Concentration (Core-pus'-cue-lahr)	MCHC	The average hgb content in 100 milliliters of packed erythrocytes.
Mean Corpuscular Volume	MCV	The average size of the individual red cell.
Mean Corpuscular Hemoglobin	MCH	The average amount of hgb per cell.
White Blood Count	WBC	Total number of white blood cells (leukocytes).
Lymphocytes (Limph'-oh-sights)	L	A kind of white blood cell.
Monocytes (Mahn'-oh-sights)	M	A kind of white blood cell.
Normochromic (Nor-moe-crow'-mick)		
Eosinophils (Ee-oh-sin'-oh-fills)	Eos	A kind of white blood cell.
Basophils (Bay'-sew-fills)	Baso's	A kind of white blood cell.
Poikilocytosis (Poy-kill-oh-sigh-toe'-siss)		
Bilirubin (Billy'-roo-bin)	Bil.	Bile substances
Anisobytosis (Ah-knee'-sew-sigh-toe-siss)		
Occult Blood (Oh-kult' blud)	O. Bl.	Old blood

INFORMATION

Epithelial Cells (Ehp-ih-thee'-lee-ahl)	Epi	Skin cells.
Mucous Threads	M.Th.	Strings of mucous.
Protein (Pro'-teen)	P.	A substance found in tissue and blood. It is not normal to find it in urine

The person who calls you will say something like this:

"This is XYZ lab, and I have a report on Jill O'Berry. Her CBC is first:

Hemoglobin - 9 grams

Hematocrite - 27 volumes percent

RBC - Four and six tenths million

MCHC - 32

MCV - 90

MCH - 30

WBC - Seven thousand two hundred 80

Lymphs - 40

Monos - 5

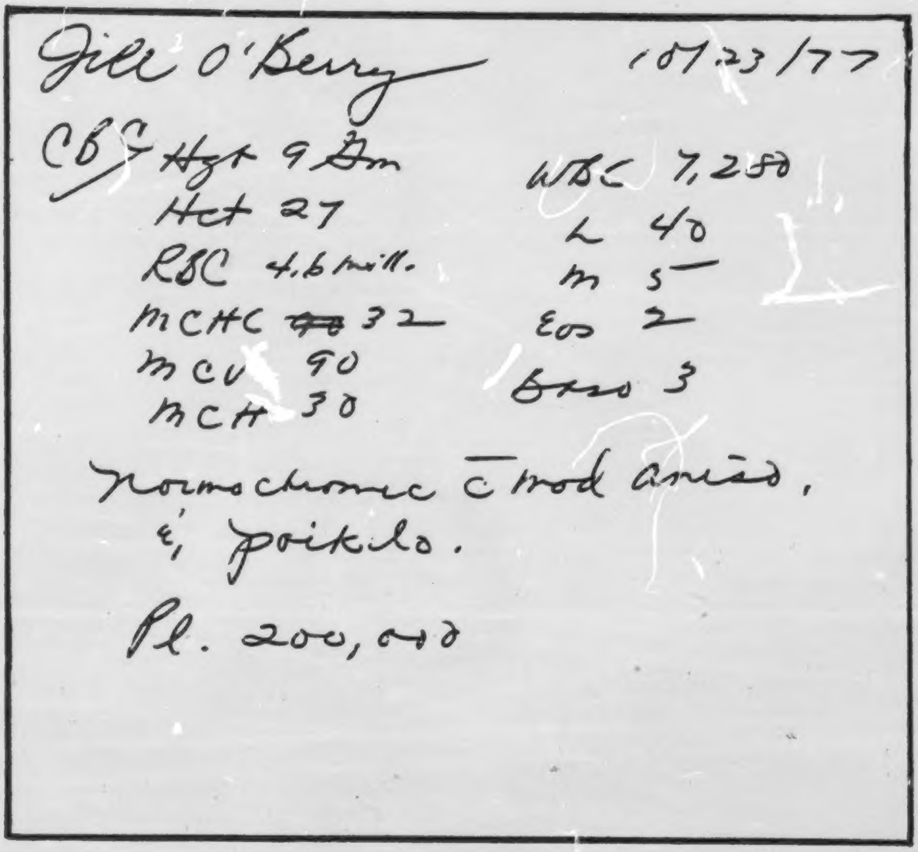
Eos - 2

Basos - 3

The cells were normochromic with moderate anisocytosis and poikilocytosis. The platelet count was 200,000," etc.

INFORMATION

You will write the report as the person says it. It may resemble the following:



Jill O'Berry 10/23/77

CBC Hgb 9 Gm
Hct 27
RBC 4.6 mill.
MCHC 32
MCV 90
MCH 30

WBC 7,250
L 40
M 55
Eos 2
Baso 3

Normochromic c̄ mod aniso, & poikilo.

Pl. 200,000

Do not worry about how it looks. If necessary, you can copy it over. If the person on the phone is going too fast, ask them to slow down. When you have written it all down, read it back to the lab to make sure it is correct. It is necessary that you correctly pronounce each word.

After you are sure the report is correct, take it to the doctor, so she/he can see it right away. You may copy the report over and then put it in the patient's chart, or you may just wait for the lab to mail you a printed copy. Check with the doctor for the preferred way.

JOB STEPS

1. Study the word list. Pronounce (say) each word out loud. To help you to do this, use the audio-flash cards for this module.

2. Learn the abbreviations for each word. It helps to find a classmate who is working on the module. Say the words to each other as one writes down the abbreviations.

3. When you are ready to write down the whole report, get cassette #9-2 from the classroom file and put it in the cassette player. As you listen to the tape, write the lab report.

4. Have your teacher check the lab report for errors and indicate where improvement is necessary.

5. When you feel you are ready, ask your teacher to read a lab report over the phone while you write it down.

6. Read back what you have written to your teacher.

7. File a copy of the report in the classroom office with your patient's record.

In order to pass this module you must:

1) Do the job steps and record the report.
2) Correct any errors.
3) Tell your teacher the abbreviations for the words as the words are read to you.
4) Pronounce the words for your teacher. You can breathe a sigh of relief! You do not have to know the definitions. They are good to know, but they are not necessary.

medical assistant

unit: Telephoning

capital area career center

module: 4401 09 003 **date:** 3/77 **level:** III

skill title: How to Change a Surgical Appointment by Telephone

developed & written by: Beverly Varney

visuals by: Mary Ann Gamel

WORD GUIDE

SURGICAL APPOINTMENT - A reservation at a hospital for surgery.

PERFORMANCE OBJECTIVE

You are going to learn:

How to change a surgical appointment.

And in order to do this you will need:

An appointment book

A telephone

A pad

A pencil

We will know you can do it when:

1. You notify the patient of the new date and time of surgery.
2. You notify the hospital of the cancellation and new appointment date.
3. You notify the anesthetist of the cancellation and new appointment date.
4. You make the cange in the appointment book in your office.

ANESTHETIST - A person who gives anesthesia.

ANESTHESIA - ANESTHETIC - The agent used to "put you to sleep" during surgery.

HOSPITAL ANESTHETIST - A doctor or a nurse who specializes in anesthesia and does little else except to give anesthetics in surgery. He/she may or may not be employed by the hospital. There are some doctors (anesthesiologists) who have the hospital schedule them to give anesthesia, even though they are in private practice. They plan a schedule with the hospital surgery so that the people who work in surgery, know when they will be available.

INFORMATION

You need this information because: It is sometimes necessary to change the date of surgery.

Your surgery appointment schedule looks like this:

		Monday October 7	Tuesday October 8	Wednesday October 9
8		Newton Annot-Sparrow	Ann Brown-Ing. Med.	Janet Smith-St. Law.
		L. Ing. Hernia-staff anes	Hysterectomy-Dr. Haynor anesthetic	Cholecystectomy-Dr. Ewen anes.
9	00	Blake Hill-Sparrow	x x x x x x x x x x x x	Candy Howe-St. Law.
	15	T U R	x x x x x x x x x x x x	Breast Biopsy-staff anes.
	30	Staff Anest.		Wm. Nickle-St. Law
	45	x x x x x x x x x x x x		Cholecystectomy-staff anes.

JOB STEPS

1. Read the sample below:

   Ms. Ann Brown calls and asks to have her surgery appointment date changed to sometime between October 20, and November 10. Ask if she still wants Dr. Haynor to give the anesthetic. Then, check to see what days your doctor can do the surgery.

   Call Ingham Medical Hospital surgery and tell them of the need to re-schedule Ms. Brown's surgery for a date between October 20 and November 10, with Dr. Haynor as anesthetist.

   Call Dr. Haynor's office; cancel October 8 and re-schedule a new date with him.

   Call Ingham Medical Hospital admitting. Cancel admission on Monday, October 7, and re-schedule for admission on the day before the surgery.

   Call Ms. Brown back and tell her the surgery is re-scheduled. Give her the new date and time for admission and for surgery.

   Cancel the original October 8 surgery in your book and schedule the new surgery in your book.

2. If you do not remember how to do the scheduling, review module 4501 09 001.

3. Practice this situation with a classmate using a classroom phone.

4. When you are ready to be passed, ask your instructor to roleplay a similar situation with you. Be sure you do each of the following:

   a. Re-schedule at the time the patient requested.

   b. Re-schedule at a time your doctor is available.

   c. Re-schedule with the hospital admitting.

   d. Re-schedule with the anesthetist.

   e. Re-schedule in your surgical appointment book.

   f. Notify the patient of the new date and time.

medical assistant

unit: Telephoning

capital area career center

module: 4401 09 004 **date:** 3-77 **level:** III

skill title: How to Answer the Phone and Close a Phone Call

developed & written by: Beverly Varney

visuals by: Mary Ann Gamel

WORD GUIDE

CLOSE - end

IDENTIFY - give the name of

PERFORMANCE OBJECTIVE

You are going to learn:

How to answer a phone call and how to close a phone call.

And in order to do this you will need:

telephone

pencil

message pad

We will know you can do it when:

1. You answer the phone before the third ring.
2. You identify the doctor or medical group where you work.
3. You identify yourself.
4. You speak clearly.
5. You are friendly.
6. You let the caller hang up first.
7. You put the receiver down gently.

WORD GUIDE

CONTAGIOUS - (kahn-tay'-gee-us) - catching.

INFORMATION

When you talk on the telephone, the spotlight is on you.

Every time you make or receive a call, you represent the doctor you work for to the person at the other end of the line. Your doctor is judged by the voice that speaks for him or her over the telephone.

You are judged by what you say and how you say it. When your voice is warm and friendly...when you are courteous and tactful... patients will feel you're understanding and efficient.

There are many ways to be friendly over the phone. Tone of voice will indicate friendliness.

Rate your voice --

1. Does it sound as if you are wide awake, interested and giving the caller your full attention?
2. Does it smile? Pleasantness is contagious.
3. Does your speech sound natural?

WORD GUIDE

MODERATE - neither too fast nor too slowly.

INFORMATION

4. Are you using language the caller understands? Do not use technical words if possible. Do not use slang.
5. Are you speaking clearly? At a moderate rate?
6. Does your voice carry your feelings?

Another way to be friendly over the phone is to answer promptly. There may be an emergency call, but more often, there is an anxious, scared, upset person who needs help.

Be sure you identify yourself and the doctor you work for. Answer in the name of the doctor or group to identify the office:

> "Dr. Chapman's office, Mary Ann speaking."

Be a good listener so the caller won't need to repeat.

Do not make side comments to someone else while listening.

When you close a call, let the caller say "goodbye" first. Try to say goodbye in a way that is friendly. Leave the caller feeling satisfied.

The following references provide information on phone calls. This first reference provides samples of calls made to a medical office.

> Your Roles As A Medical Assistant, Hardy & Martin, Chapter 5 pages 38-48, Medical Assistant Lab.

This one has tips for speaking clearly.

> Applied Secretarial Practice, page 224, Medical Assistant Lab.

This one gives you some more ideas for doing a good job of answering the phone and closing a call.

> The Receptionist, Wood & McKenna, pages 126-127. Do not read the paragraph on messages.

JOB STEPS

1. Practice listening.

   Ask a classmate to talk to you for three minutes. Have him/her just talk about family, a friend, an activity. Really listen to what is said; pretend you are a tape recorder. Repeat what the classmate said, exactly as you heard what was said.

2. Practice answering the phone. Have a classmate call you. Ask them to evaluate how you sound:

   natural?
   friendly?
   wide awake?
   interested?
   pleasant?

3. Practice closing a call. Have the classmate tell you if you:

   - waited for them to say goodbye first
   - said goodbye (not bye-bye")
   - waited for them to hang up
   - did not slam the receiver

4. When you have practiced, tell your instructor you are ready to be passed. You are to be the receptionist for Dr. Baker. Your instructor will call you on the phone:

   Remember to:

   - identify the doctor you work for
   - identify yourself
   - speak clearly
   - sound friendly
   - let the caller hang up first
   - say goodbye
   - put the receiver down gently

medical assistant

unit: TELEPHONING

capital area career center

module: 4401 09 005 **date:** 3/77 **level:** III

skill title: How To Determine The Nature Of A Call And Screen Calls

developed & written by: Beverly Varney

visuals by: Mary Ann Gamel

WORD GUIDE

SIMULATED - Pretend.

PERFORMANCE OBJECTIVE

You are going to learn:

1. How to find out who the caller is and the purpose of the call.
2. How to decide what to do for the caller.

And in order to do this you will need:

1. Scratch pad
2. Pencil

We will know you can do this when:

You answer the simulated call before the third ring and successfully complete the job steps.

WORD GUIDE

TACTFUL - A keen sense of what to do or say in order to keep good relations with others.

INFORMATION

The medical assistant answers the phone in a medical office. As a medical assistant, you need to know who is calling and why they are calling in order to decide what needs to be done for the caller.

A busy doctor will expect you to handle as many phone calls as possible. If the doctor is to see patients, he/she cannot spend much time talking to other patients on the phone. Here are some hints for screening calls:

BE HELPFUL - Tell the person who is calling when the doctor will be back or whether he/she can be reached somewhere else. Offer what information you can; avoid any impression you're putting him/her off with an excuse. Offer to take a message or take the number to call back.

BE TACTFUL - Be careful how you explain your co-worker's absense from the office. Explanations such as "He's/she's not in yet," or "He's/she's out for coffee," may leave the wrong impression, not only of him/her, but of your company. It's much better to say: "Dr. Anderson is out of his/her office just now. May I help you?" or "He's talking with a patient in his office. May I help you?" or "He should be back shortly. May I take a message" or "He's with a patient right now. May I ask him to call you"

In answering, be sure to identify yourself. This often encourages the caller to do the same. If it's necessary to find out the name of the caller, avoid: "Who calling?"

If the doctor is available: "May I tell her who's calling?" If the doctor is not available: "He's/she's out of the office just now. May I help you or may I tell him/her who called?"

LISTEN CAREFULLY - Give your full attention to the person who is calling. If you do this, you shouldn't have to ask him/ her to repeat except when you want to verify a number or name spelling.

Be sure to write down the phone number, if you tell someone you will call them back.

INFORMATION

Remember to:

1. Identify the doctor or medical group where you work.
2. Identify yourself.
3. Speak clearly.
4. Be friendly.
5. Be helpful to the caller.
6. Do not offend the caller.
7. Be tactful about the information you give.

The following references have tips, especially for the medical assistant. Read: Medical Office Procedures - Bredow, pages 22-24. Your Roles As A Medical Assistant - Hardy & Martin, chapter 18.

WORD GUIDE

LABOR PAINS - The beginning of the process which takes place before a baby is born.

JOB STEPS

1. Read the following example and change any answers which are incorrect. Use scratch paper.

   Phone rings.

   M.A. - Hello.

   Caller - Is this Dr. Anderson's office?

   M.A. - Yup!

   Caller - May I speak to Dr. Anderson?

   M.A. - Nope; she's not here.

   Caller - When do you expect her?

   M.A. - She's at the hospital, so I never know.

   Caller - Will she be in at all?

   M.A. - Sure, this afternoon.

   Caller - I'll call back.

   M.A. - Ok.

2. Read the following situation, then choose the correct answer.

   Dr. Anderson is at Sparrow Hospital visiting her patients. She is planning on returning to the office in one hour. Mrs. Jackson calls. Her labor pains have started and are fifteen minutes apart. What should you do?

   A. Take her number and have the doctor call her as soon as she comes in.

   B. Call an ambulance.

   C. Have her come to the office.

   D. Call the doctor at the hospital to get advice.

JOB STEPS

3. Read the following, then choose the correct answers.

Mark Lambert is the other medical assistant in your office. He has a friend, Dennis Hays, who calls him frequently. Mark is assisting the doctor with an examination when Dennis calls. Write the answers in the correct order of priority.

A. Tell him office policy does not allow personal phone calls.

B. Ask him to call back.

C. Ask him if you can put him on hold.

D. Tell Mark that Dennis is on the phone and ask him if he wants to talk to him. Tell Mark you will take his place assisting the doctor.

4. Read, then write your answers.

Dr. Jones calls from his office to talk to Dr. Anderson. She is examining a patient. Choose the correct response.

A. Put him on hold.

B. Immediately tell Dr. Anderson that Dr. Jones is calling.

C. Ask Dr. Jones if you can take his number and have Dr. Anderson call him.

5. Read, then write your answers as directed.

M.A. - Dr. Anderson's office, Chris speaking.

Caller - I'd like to make an appointment please.

M.A. - When would you like the appointment?

Caller - Anytime next week is ok.

M.A. - The doctor could see you at 10:00 a.m., Tuesday.

Caller - Good.

M.A. - That's Tuesday, March 8 at 10:00 a.m.

Caller - Thank you. Goodbye.

M.A. - Goodbye.

JOB STEPS

5. (Cont.) Did Chris make any mistakes? Are there any other questions Chris should have asked?

6. Discuss your answers with your teacher.

7. Your teacher will simulate a phone call to you. Follow the mod rules when you answer the phone.

medical assistant

unit: Telephoning

capital area career center

module: 4401 09 006 date: 3/77 level: 3

skill title: How To Take Information Over The Phone

developed & written by: Beverly Varney

visuals by:

PERFORMANCE OBJECTIVE

You are going to learn:

How to take information over the phone.

And in order to do this you will need:

Pencil or pen

Message pad

Telephone

Cassette tape for module 4401 09 006

We will know you can do it when:

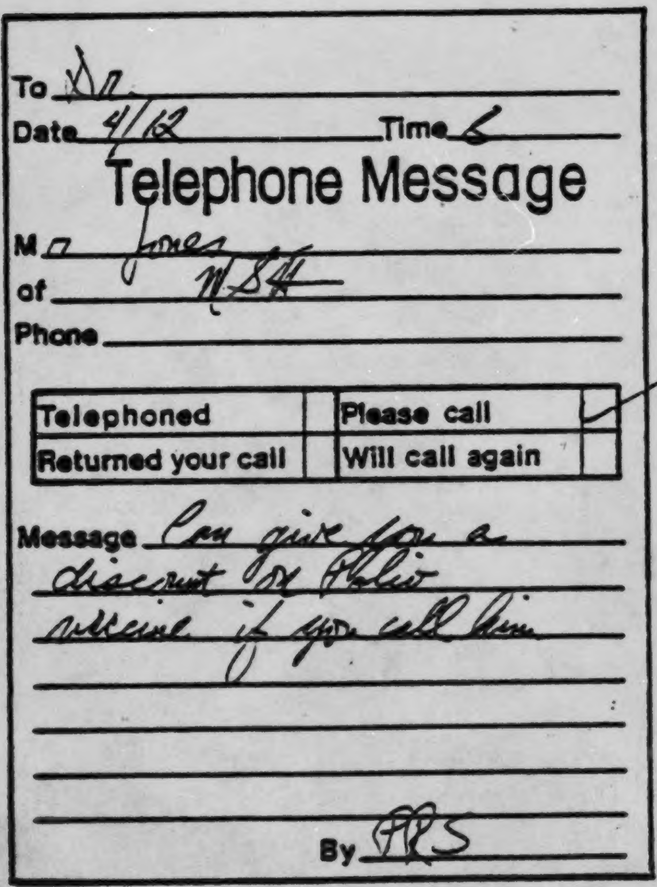
You correctly write each message on a message pad, after listening to the tape.

INFORMATION

As a medical assistant, you will have to take messages over the phone. When you take messages, be sure to write down the date, time, name and telephone number. Don't hesitate to ask how to spell a name or repeat a number. Deliver the message as soon as possible. If it's a long distance call, don't delay. Remember to ask for the area code along with the telephone number and if it is an operator-handled call, be sure to note all the details the operator gives you. Be sure to write down all information necessary for the doctor to understand the situation.

Here are two sample messages. Choose the message that is most complete. State your reasons.

1



To Dr.
Date 4/12 Time 6

Telephone Message

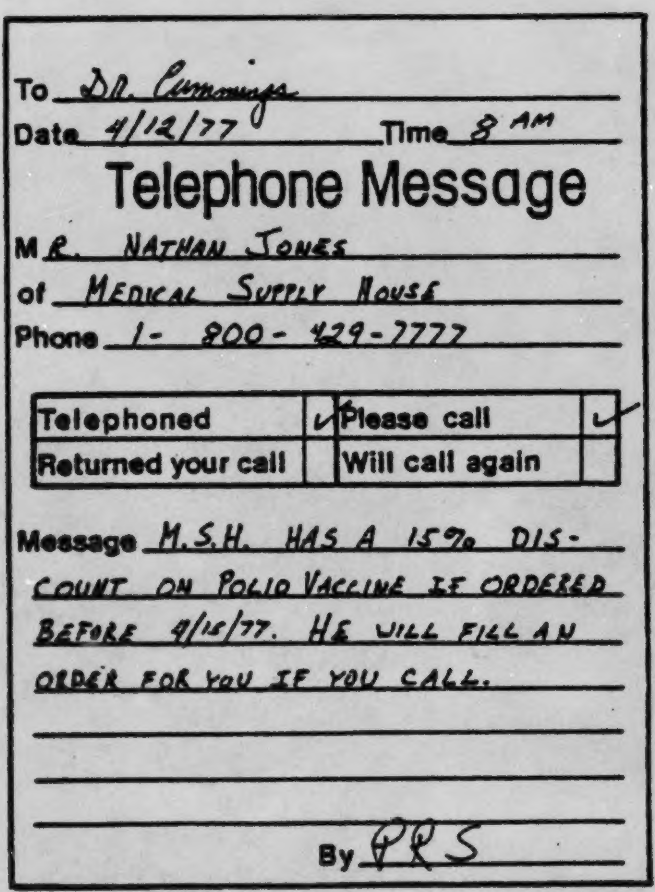
M r Jones
of M.S.H.
Phone

Telephoned	☐	Please call	☑
Returned your call	☐	Will call again	☐

Message Can give you a discount on Polio vaccine if you call him

By PRS

2



To Dr. Cummings
Date 4/12/77 Time 8 AM

Telephone Message

MR. NATHAN JONES
of MEDICAL SUPPLY HOUSE
Phone 1- 800- 429-7777

Telephoned	☑	Please call	☑
Returned your call	☐	Will call again	☐

Message M.S.H. HAS A 15% DISCOUNT ON POLIO VACCINE IF ORDERED BEFORE 4/15/77. HE WILL FILL AN ORDER FOR YOU IF YOU CALL.

By PRS

JOB STEPS

1. Get a pencil and message pad.

2. Put cassette 4401 09 006 in the cassette player.

3. Listen to the tape of three phone calls. Play the part of the Medical Assistant and write down the caller's message.

4. For accuracy and completeness, check your messages with your instructor.

Script for three taped messages.

Call #1

Med. Asst.: Dr. Taylor's office, Debbie speaking.

Caller: This is Newborn Nursery at Sparrow Hospital. We have Mrs. John Elliot in room 406. She would like Dr. Taylor to care for her new baby.

Med. Asst.: That's Mrs. John Elliot in room 406?

Caller: Yes. She's Dr. Weber's patient. The baby is a girl, weight 8 pounds 6 ounces. There were no complications.

Med. Asst.: I'll see that Dr. Taylor gets the message. He'll probably see her this evening.

Caller: Thank you. Goodbye.

Med. Asst.: Goodbye.

Call #2

Med. Asst.: Dr. Taylor's office, Debbie speaking.

Caller: Hi Debbie, this is Randy Young from Cenco Co. I found a used centrifuge that Dr. Taylor wanted.

Med. Asst.: Good! That'll make him happy.

Caller: Tell him it's model 3795A, located on page 73 of the catalog I left him last week.

Med. Asst.: I'll do that. May I have your phone number so I can have the doctor call you?

Caller: Yes. It's 336-0149.

Med. Asst.: That's 336-0149?

Caller: Yes, thank you.

Med. Asst.: You're welcome.

Caller: Goodbye.

Med. Asst.: Goodbye.

Call #3

Med. Asst.: Dr. Taylor's office, Debbie speaking.

Caller: This is Dr. Mermelstein. Is Dr. Taylor in?

Med. Asst.: I'm sorry, he's not here right now. He's on his way from Ingham Medical. May I have him call you?

Caller: Yes, please. Tell him I want to know if I can hitch a ride to the County Medical Society Meeting tonight.

Med. Asst.: Let's see, your number is 894-3206?

Caller: Right! You have a good memory!

Med. Asst.: Thanks. I'll have him call you when he comes in.

Caller: Fine. Goodbye.

Med. Asst.: Goodbye.

medical assistant

unit: Telephoning

capital area career center

module: 4401 09 007 date: 3/77 level: III

skill title: How to give information over the Phone

developed & written by: Beverly Varney

visuals by:

PERFORMANCE OBJECTIVE

You are going to learn:

How to give information over the phone.

And in order to do this you will need:

Telephone

Scratch pad

Pen

A set of situations

A set of responses to the situations

We will know you can do it when:

1. You choose correct answers.
2. You explain why you chose those answers.

INFORMATION

As a Medical Assistant, you will be expected to give information over the phone.

When a patient forgets the time of their appointment, you do not have to make a serious decision about giving out the information.

There are times when you must give careful thought to your answers. Some questions should not be answered at all.

The following chapters will provide information on how to handle some situations.

Your Roles As A Medical Assistant, Hardy and Martin, Chapters 18, and 20.

WORD GUIDE

COLLEAGUE - An associate in a profession.

JOB STEPS

In the following examples, choose the best answer and tell why you chose it. You do not need to write your answers.

1. Assume that you are the Medical Assistant handling the incoming calls for Dr. Grant. Dr. Grant left the office at 12:30 p.m. to take his wife to lunch at the Continental Restaurant in the Plaza Hotel. Before leaving, he told you that he would return at 2:00 p.m. At 1:00 p.m., Dr. Hayworth, a colleague, calls and asks to speak to Dr. Grant. Dr. Hayworth tells you she is leaving town at 1:30 p.m. and must reach Dr. Grant before leaving.

   Choose the best answer.

   ____1. "Dr. Grant will not return until 2:00."

   ____2. "You can reach Dr. Grant at the Continental Restaurant in the Plaza Hotel."

   ____3. "I think I can reach Dr. Grant. If I can, I shall have him call you within 10 minutes. If I do not reach him, I shall call you back in a few minutes."

2. At 3:00 p.m. Dr. Grant leaves the office to play golf at his country club. Mr. Wittaker, a patient, calls at 4:00 p.m. He wants to see the Doctor first thing in the morning.

   Choose the best answer.

   ____1. "Dr. Grant is out of the office for the rest of the afternoon, but I shall see that he receives your message."

   ____2. "Dr. Grant is playing golf this afternoon and will not return to the office."

   ____3. "Dr. Grant will be away from the office for the rest of the afternoon, but I'll try to reach him."

   ____4. "What time would be best for you to come in, Mr. Whittaker?

JOB STEPS

3. Mrs. Adams calls and asks to speak to Dr. Grant about her daughter, Marg's condition. You know that Marg has cancer, and her condition is not good.

   What answer would you give?

   ____1. "Will you wait a minute please, while I place you on hold and check Marg's records?"

   ____2. "You will have to get that information from Dr. Grant. He's not here right now."

   ____3. "I'm sorry, but our patient's records are strictly confidential. Neither Dr. Grant nor I could give you that information."

   ____4. Use "3" and suggest she contact her daughter.

4. Mrs. Jetson was in an automobile accident. She is being treated by the doctor you work for. Mr. Koma, of All County Casualty Insurance Company calls and asks you if she has been treated by the doctor. What answer would you choose?

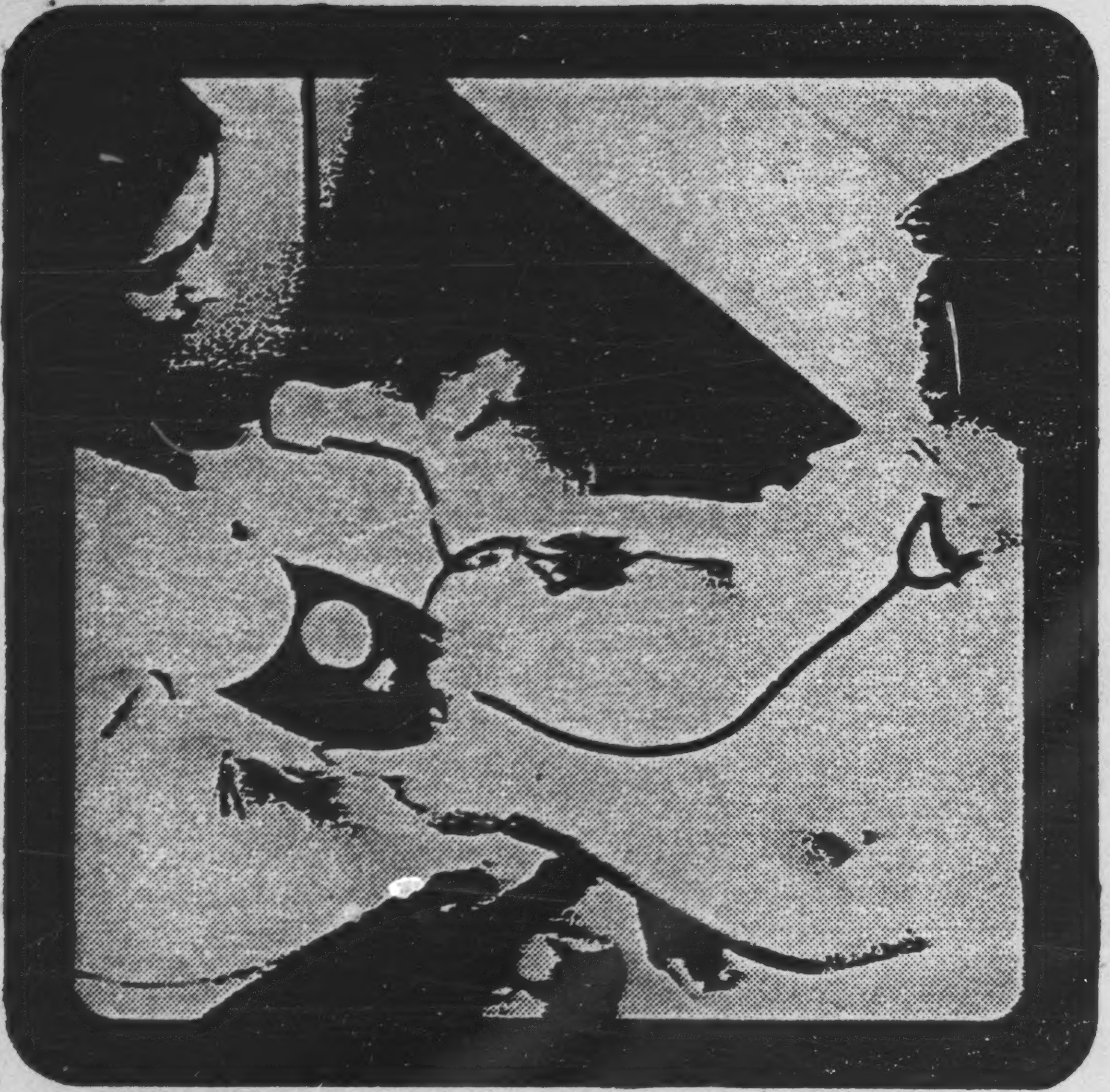
   ____1. "Her number is 792-0431. I suggest you call her at home."

   ____2. "Yes, she's still under treatment. Her injuries were severe. That must have been a wild driver who hit her!"

   ____3. "I'm sorry, I can't give you any information."

   ____4. "I can't give you that information. May I have the doctor call you later?"

5. When you are ready to discuss your answers, tell your instructor.



medical assistant

unit: TELEPHONING

capital area career center

module: 4401 09 008 **date:** 3/77 **level:** III

skill title: How To Interrupt And Re-Establish Phone Calls

developed & written by: Beverly Varney

visuals by: Mary Ann Gamel

PERFORMANCE OBJECTIVE

YOU ARE GOING TO LEARN:

How to place a call on hold and then, take it off hold.

AND IN ORDER TO DO THIS YOU WILL NEED:

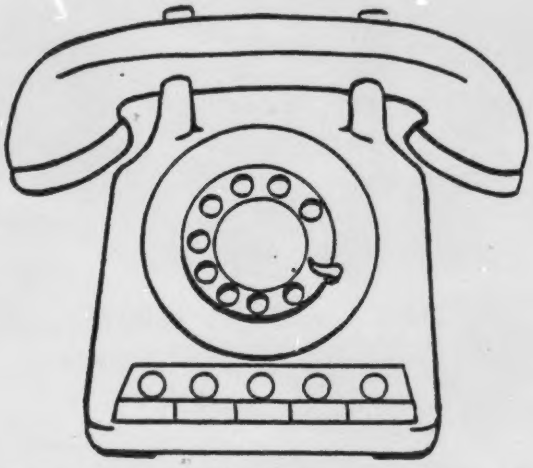
A telephone with hold buttons and more than one line.

WE WILL KNOW YOU CAN DO THIS WHEN:

You complete the job steps by correctly placing a hold and then, taking the call off hold.

INFORMATION

This picture is an example of a phone with hold buttons.



It is necessary for the caller to hold the line for the following reasons:

1. To wait for the person being called to come to the phone.
2. To wait for the requested information.
3. To wait for you to answer another line which is ringing.

When it is necessary to put a caller on hold ask if he/she would like to "hold" or if he/she would prefer to be called back. If the caller decides to wait, be sure to keep the caller informed. You might say, "Mr. Canton, Dr. Jacob is still on the other line. Do you still wish to wait, or shall I have him call you?" It is very upsetting to be placed on hold for a long period of time. It is even worse to have no one report back. If the person decides to have you call back, be sure you do call back.

If you are going to place people on hold, you should also make a note of who is on which line. For example your numbers are; 421-0331, 421-0332, 421-0333 and the unlisted number is 421-7744. Pretend you have four calls in a very short time. You have to put each one on hold, you might note it like this:

2 - Mrs. Cedarberg, re: Steve

4 - Dr.'s daughter

3 - Mr. Stanton, re: acc't.

1 - Brenda's husband

INFORMATION

This way, you can avoid mix-ups when you go back to the caller's line. When you go back to the line, be sure to call the person by name: say, "Mr. Stanton, your account balance is $72."

If you do not have a hold button on your phone:

Some office do not have hold buttons on their telephones. In this case, when you leave your phone, place the receiver, face down, on a soft surface. Avoid any gossip with co-workers or unnecessary noise while a phone is off the hook. Even though some people try to block out sound by putting their hand over the mouthpiece of the receiver, the caller can still hear what is being said.

Remember these rules:

1. Ask the caller if they wish to wait or be called back.
2. Report back to the callers, so they do not feel you have forgotten them.
3. Keep track of who is on which line.
4. When you go back on the line, call the person by name.

Read: Chapter 6 of Your Roles As A Medical Assistant by Hardy and Martin.

WORD GUIDE

OSTEOPATHIC - (awe-stee-oh-path-ick) - A branch of medicine which places importance on treatment by heat, ultrasound, physical therapy, manipulations.

CHIROPRACTIC - (kye-row-prack-tick) - A branch of medicine which treats only by manipulation.

MANIPULATION - Moving and twisting the bony parts of the body.

JOB STEPS

9. What does it mean when you hear a beep tone on your line every 15 seconds?

10. Where can you find Zip Codes in the phone book?

11. How are numbers for medical doctors listed in the yellow pages?

12. How are osteopathic doctors listed in the yellow pages?

13. How are chiropractors listed in the yellow pages?

14. Write the names of 4 places you could call for typewriter repair.

JOB STEPS

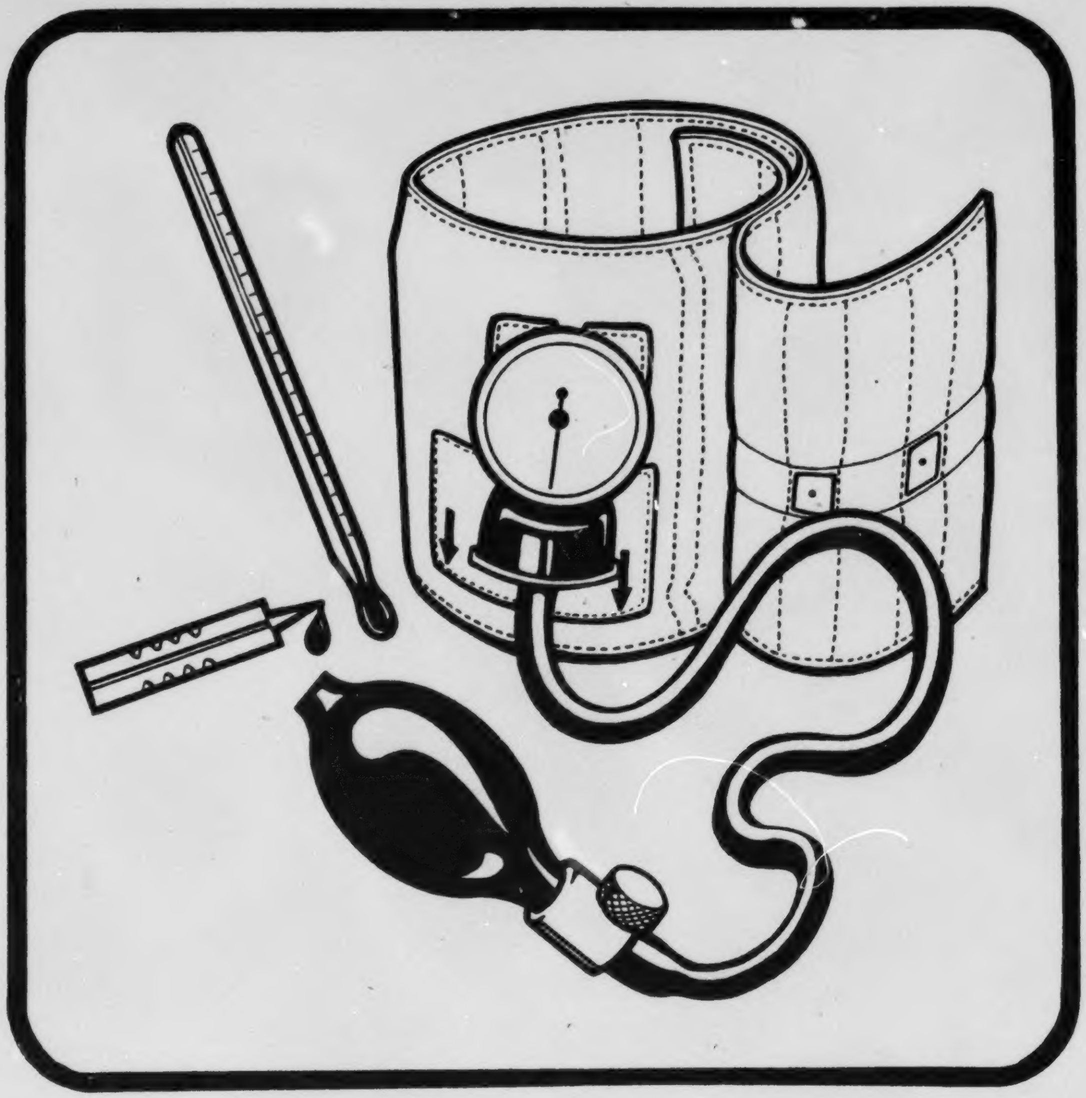
9. When you have the information, push the call button and say the person's name.

10. Give the information to the caller.

11. Before you ask your instructor to place a call to you, answer the following questions:

    1. If you have to put the caller on hold, what procedures should you follow?

    2. You don't have a hold button on your telephone, what procedures would you follow for leaving the phone?



medical assistant

unit: TELEPHONING

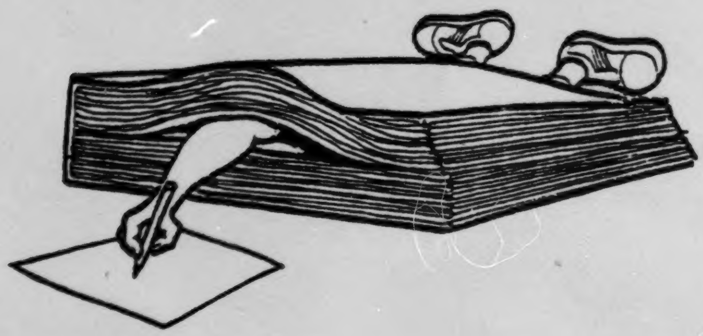
capital area career center

module: 4401 09 009 **date:** March 1977 **level:** I

skill title: How to Find a Local Telephone Number and Other Information in the Phone Book

developed & written by: Beverly Varney

visuals by:



PERFORMANCE OBJECTIVE

YOU ARE GOING TO LEARN:

How to find information in the telephone book.

AND IN ORDER TO DO THIS YOU WILL NEED:

1. A Lansing area telephone directory
2. Phone numbers, addresses, and other information to look up.
3. Pen
4. Scratch paper

WE WILL KNOW YOU CAN DO THIS WHEN:

You correctly complete all numbers, addresses and information.

WORD GUIDE

SUBJECT HEADING - A listing of names according to the kind of service offered.

INFORMATION

As a M.A., you need to use the phone book to find phone numbers and other information.

Read these pages for more information.

Page 235 - "Placing Calls" to "Long Distance Calls" on page 236, Applied Secretarial Practice.

Look at these pages so you will know where to locate information.

The pages from the front cover to the beginning of the "A" listings in the Lansing Area Telephone Directory.

The Yellow Pages of the Lansing Area Telephone Directory.

When you know the name of the person or company, but do not know the number:

Look for the name of the person or company listed alphabetically in the white pages of the telephone directory. OR --

Decide on the nature of the company's business, i.e., banking, building, supplies, etc. Look for the company name listed alphabetically under subject heading in yellow pages of telephone directory.

When you know the name of the person or company, but cannot find it in the telephone directory:

Dial 411 if in Lansing, Mason, or Holt. If in Dansville, dial "0". All others in Lansing area dial 48-411 for "Directory Assistance".

Give the complete name of the person or business you want to call to the operator.

Write the telephone number she/he gives you.

JOB STEPS

On scratch paper, write answers to questions. Check your answers with your instructor.

1. There is a number on the list of long distance calls that came with your phone bill. You do not remember calling this number. The number is 645-7911. What town was called?

2. If you lived in Potterville, would you make a local or long distance call to reach your friend in Dimondale?

3. You live in Holt. Where can you go to pay your phone bill?

4. What is the area code for Newfoundland?

5. Your boss wants new carpeting for the reception area. He would like estimates from carpeting companies. Name five that are located in the Lansing area.

6. Your boss has an appointment at the Michigan Health Council. She can't remember the address and wants you to look it up.

7. What is the quickest way to find the number for the police or fire department?

8. Locate the phone number for the following state offices:

   Commission on Aging
   Attorney General
   Executive Office of the Governor
   Tourist Council
   Driver Examining Office (Cedar Street)

   HINT: All state office telephone numbers are under MICHIGAN STATE GOVERNMENT. You will have to think about what department heading some of these come under. For example, a driver's license is issued by the Secretary of State Office. Look under Secretary of State for Driver Examining Office.

WORD GUIDE

OSTEOPATHIC - (awe-stee-oh-path-ick) - A branch of medicine which places importance on treatment by heat, ultrasound, physical therapy, manipulations.

CHIROPRACTIC - (kye-row-prack-tick) - A branch of medicine which treats only by manipulation.

MANIPULATION - Moving and twisting the bony parts of the body.

JOB STEPS

9. What does it mean when you hear a beep tone on your line every 15 seconds?

10. Where can you find Zip Codes in the phone book?

11. How are numbers for medical doctors listed in the yellow pages?

12. How are osteopathic doctors listed in the yellow pages?

13. How are chiropractors listed in the yellow pages?

14. Write the names of 4 places you could call for typewriter repair.

medical assistant

unit: Telephoning

capital area career center

module: 4401 09 010 date: 3/77 level: I

skill title: How to find information on Long Distance Telephone Numbers

developed & written by: Beverly Varney

visuals by:

PERFORMANCE OBJECTIVE

You are going to learn:

How to find long distance telephone numbers and information.

And in order to do this you will need:

Lansing area telephone directory

Pen

Scratch paper

We will know you can do it when:

You correctly answer questions using the telephone directory as a reference.

WORD GUIDE

ACCESS CODE - A number dialed connecting you to direct dialing equipment.

AREA CODE - A number given to a certain area of a state for direct distance dialing.

DIRECT DISTANCE DIALING (DDD) - A system for reaching a long distance number without operator assistance.

INFORMATION

Direct Distance Dialing (DDD) - Direct dialing is the fastest and most convenient way to make long distance calls. The introductory pages of your telephone directory list the Area Codes for many cities in the United States and Canada.

Dialing Procedures - In some locations, you start DDD with a code or access number. This connects you with the DDD equipment. Refer to your directory for specific instructions. The following procedures apply to all DDD:

> If the Area Code of the person you're calling is the same as yours, dial the access number and the regular number. Do not dial the Area Code.
>
> If the Area Code of the person you're calling is different from yours, dial the access code, then the Area Code and the regular local telephone number.

Reaching the Wrong Number - If you reach the wrong number, dial "0" (Operator) and tell her/him so you won't be charged for the call.

Dialing Long Distance Directory Assistance - If you do not know the telephone number of the person you want to call, you can reach long distance directory assistance by dialing your access code (if required in your location) plus the Area Code for the place you want, and 555-1212. And write the number down for quick, easy reference. If the number you want is in your Area Code, dial the access code, and 555-1212. When the directory assistance operator answers, give her/him the name of the city or town first, and then the name of the person you want. There is no charge for directory assistance calls.

Turn to the pages in the front of the Lansing area phone directory titled "Long Distance". Read these pages. You need to look at them to answer the questions.

JOB STEPS

1. Write the answers to the following on scratch paper. Check your answers with your instructor.

   1. What is the access code used for DDD?

   2. What is the area code for the Lansing area?

   3. To reach long distance directory assistance, what 7 digit number do you dial?

   4. Are you charged for a directory assistance call?

   5. Are you charged if you reach the wrong number? What do you do if you reach the wrong number?

   6. If you cannot find the area code you want in the phone book, how can you get it?

   7. Write the eleven numbers you must dial to get a number in:

      A. Arizona
      B. Fresno, California
      C. Springfield, Missouri
      D. Fort Worth, Texas

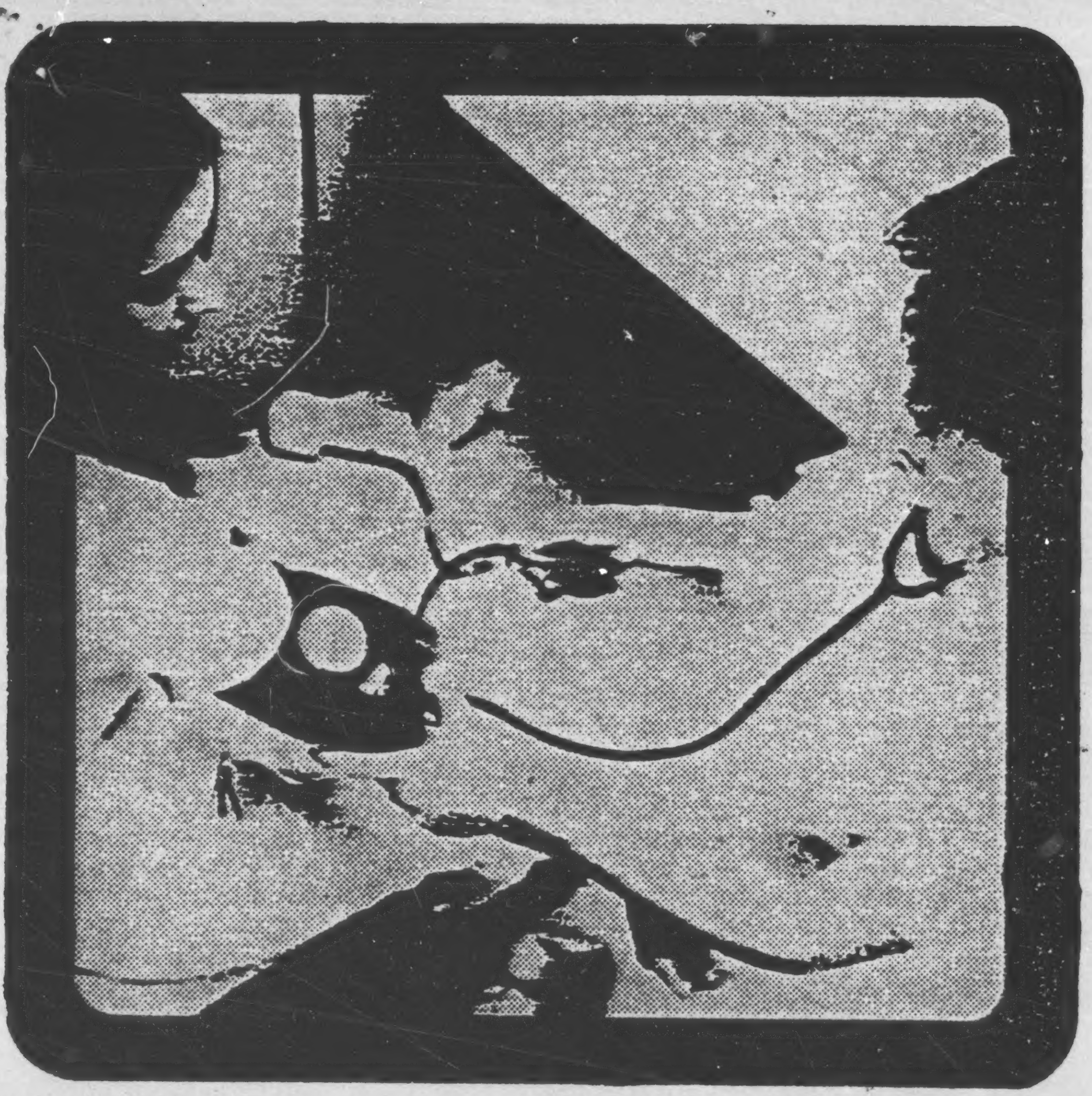
   8. Write the eight numbers you dial to get a number for Saginaw, Michigan.

   9. What time of day can you call at the lowest rate?

   10. How many area codes are there in Michigan? What are they?

ANSWER PAGE FOR INSTRUCTOR.

1. One
2. 517
3. 555-1212
4. No.
5. No. Report the wrong number reached to the operator.
6. Dial "0" for operator assistance.
7. a. 1-602-555-1212
   b. 1-209-555-1212
   c. 1-417-555-1212
   d. 1-817-555-1212
8. 1-555-1212
9. 11 p.m. to 8 a.m. anyday
   8 a.m. to 5 p.m. on Sunday 60% discount
   All day Saturday
10. Four. 906,517,313, and 616.



medical assistant

unit: TELEPHONING

capital area career center

module: 4401 09 011 date: 4/77 level: III

skill title: How to Handle Telephone Complaints

developed & written by: Beverly Varney

visuals by: Mary Ann Gamel

PERFORMANCE OBJECTIVE

You are going to learn:

How to remain pleasant and courteous while handling a telephone complaint.

And in order to do this you will need:

1. A set of sample phone calls for you to evaluate.
2. Your instructor to role play some examples.
3. A phone.

We will know you can do it when:

1. You correctly answer questions about phone calls.
2. In the role play, you remain pleasant and courteous while handling a telephone complaint.

INFORMATION

During their association with a doctor, most patients have some complaint about the doctor, his/her staff, and appointment time, a bill, etc. Strangely enough, this complaint is usually voiced to the Medical Assistant (M. A.) rather than to the doctor. It is important for the M. A. to keep calm and polite with the patient. He/she must never lose his/her temper and become angry.

Read the following chapters to help you understand more about the role of a Medical Assistant.

Your Roles As A Medical Assistant, Hardy and Martin

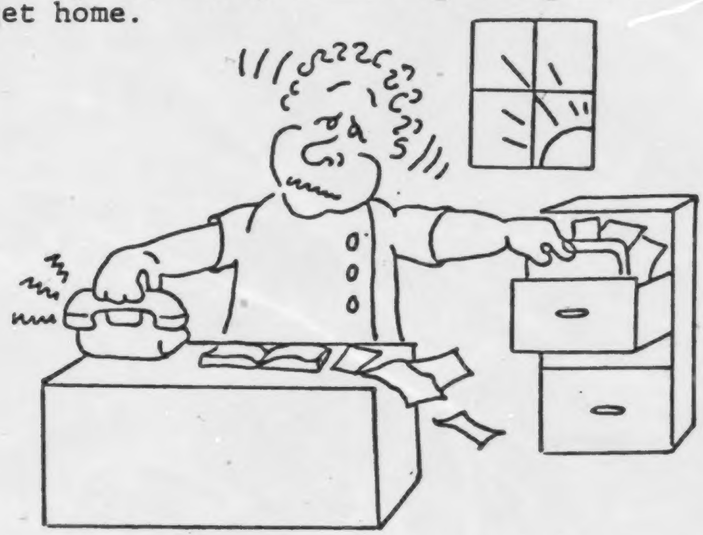
Chapters 3,10,12,19, and 20.

These chapters contain valuable information for you to know when handling complaints in the medical office.

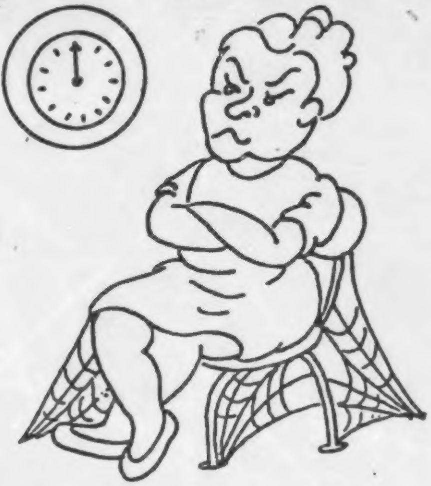
JOB STEPS

1. Read the following example of a complaint.

It is a hectic afternoon and the doctor has had two emergencies. All appointments are one hour behind schedule. It is 4:00 p.m., and you are beginning to think you will never get home.



The one bright spot is Jan Wright did not keep her 2:30 appointment. This has given the doctor some extra time; otherwise, you'd be one hour and 15 minutes behind. Your phone rings. It is Ms. Wright. She angrily says, "I want an appointment the first thing tomorrow morning!" You say, "(you suggest an answer)." Ms. Wright says, "I sat in that waiting room for an hour and you didn't even acknowledge that I was there. What kind of receptionist are you?"



2. Think about the situation. Be ready to role play the phone call and discuss it with your instructor.

JOB STEPS

3. Read the next situation.

You have mailed the statements to all people who owe the doctor money. Two months ago, Mr. Cross saw the doctor for the first time. He needed to have surgery. The doctor's charge was $300.00, you told him his insurance would probably pay half of the bill. That is exactly what happened, so you sent him a statement for the remaining $150.00. He calls you and is angry about this. He feels the doctor should not charge twice what the insurance pays.

4. Think about this situation. Be ready to role play the phone call and discuss it with your instructor.

5. Read the next situation.

Catherina Espana is a talkative, friendly patient. She always chats at the desk before she leaves. Today, she brought her daughter, Yolanda, and seems concerned about something. She says, "Are those tests really a good way to check for leukemia?" (You suggest an answer as the M. A.) As you continue to talk, she becomes angry and upset and says angrily, "I'm never sure you people are telling me the truth."

JOB STEPS

6. Think about the situation. Be ready to role-play and discuss it with your instructor.

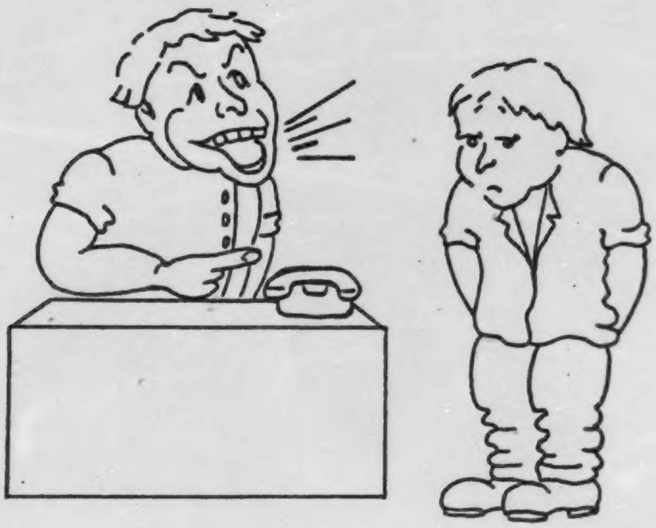
7. Be prepared to discuss these questions orally. The answers are in the chapters you read.

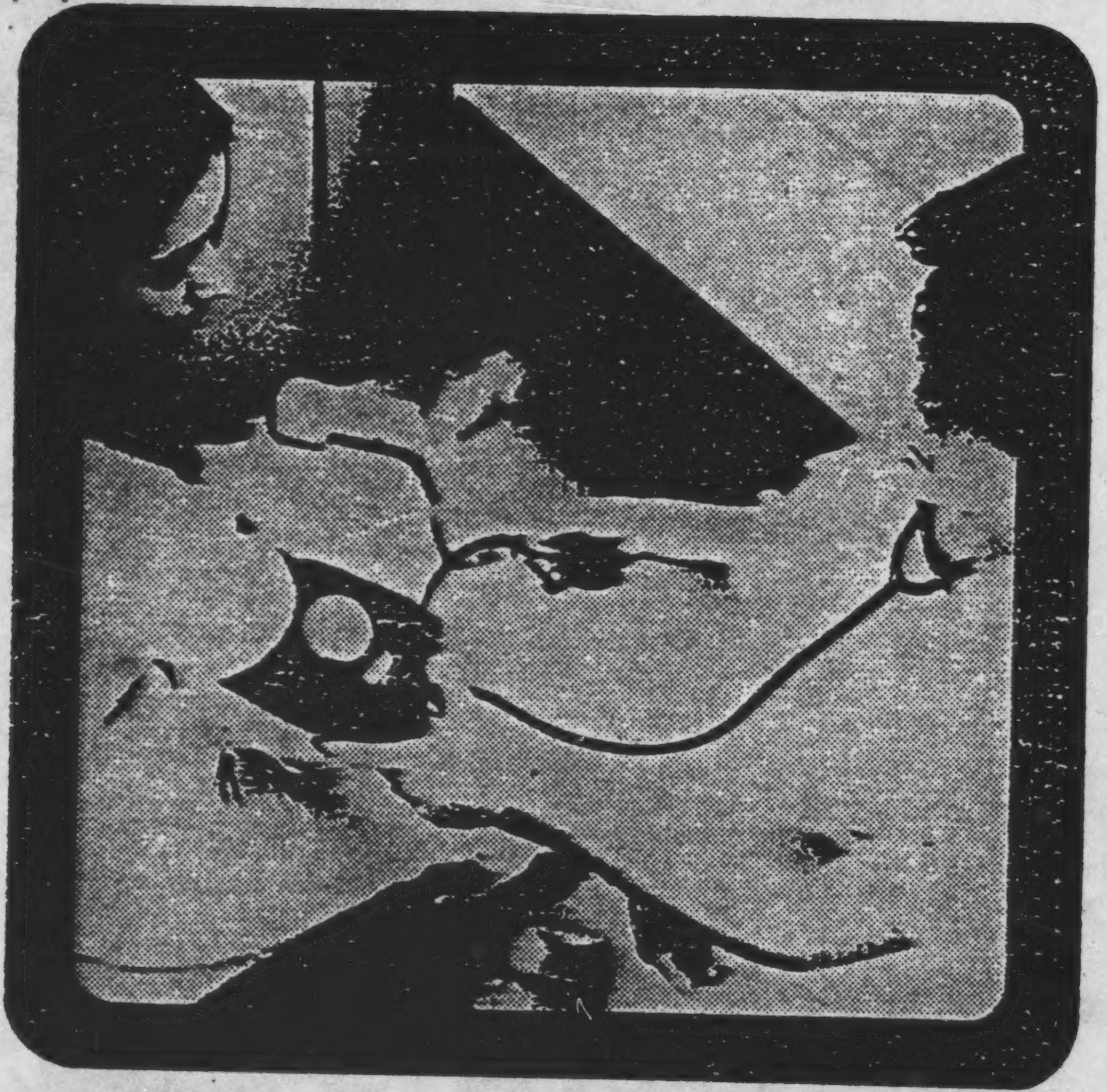
    1. Why are patients angered more easily than many other people?

    2. By a person's actions, can you always tell if they are frightened?

    3. Name some things a medical assistant might do that could make people angry.

    4. If you must discuss a private matter with a patient, to avoid making them angry, where and how should you do it?





medical assistant

unit: Telephoning

capital area career center

module: 4401 09 012 date: 4-22-77 level: _____

skill title: How to Place a Local Telephone Call

developed & written by: Beverly Varney

visuals by: _____

PERFORMANCE OBJECTIVE

You are going to learn:

How to place a local telephone call.

And in order to do this you will need:

Telephone

Telephone directory

Number of person or company to call

Pen

Paper

3 by 5 index card

Typewriter

We will know you can do it when:

1. You correctly reach the person called.
2. You have the correct numbers on your list of phone numbers.

INFORMATION

The doctor you work for may ask you to place a telephone call for him. This saves him/her time, since she/he can do other things while waiting for the completed call.

Make sure the doctor is ready to talk when the call is completed. You will also need to place business calls.

Here are some tips:

Be Sure Of The Number - To be sure of the number, check the telephone directory or your personal number list before calling. you'll find it saves time to keep a list of telephone numbers you call frequently. Personal directories are available at the telephone company business office.

Allow Time To Answer - Give the person you are calling at least one minute to answer his/her telephone.

Hint: To save time, keep a list of numbers frequently called:

hospitals
doctors
laboratories
drug stores
surgical supply salespeople
repair services
building superintendents
laundry
bank
fire department
police department
medical employees' home number
travel agent
insurance agent
medical society, etc.

WORD GUIDE

M.D. - Abbreviation for medical doctor.

D.O. - Abbreviation for doctor of osteopathy.

JOB STEPS

1. Make a "quick reference" list of phone numbers for the following. Type the list on a 3" x 5" card.

    Sparrow Hospital
    Ingham Medical Hospital
    St. Lawrence Hospital
    Lansing General Hospital
    Provincial Hospital
    Olin Health Center (at M.S.U.)
    Laboratory of Clinical Medicine
    Physicians' Laboratory
    Great Lakes' Lab
    Mid-Michigan Medical Group
    Seong H. Chi, M.D.
    Edward A. Fritch, D.O.
    Sanitary Laundry

2. Read the following situation and do as directed:

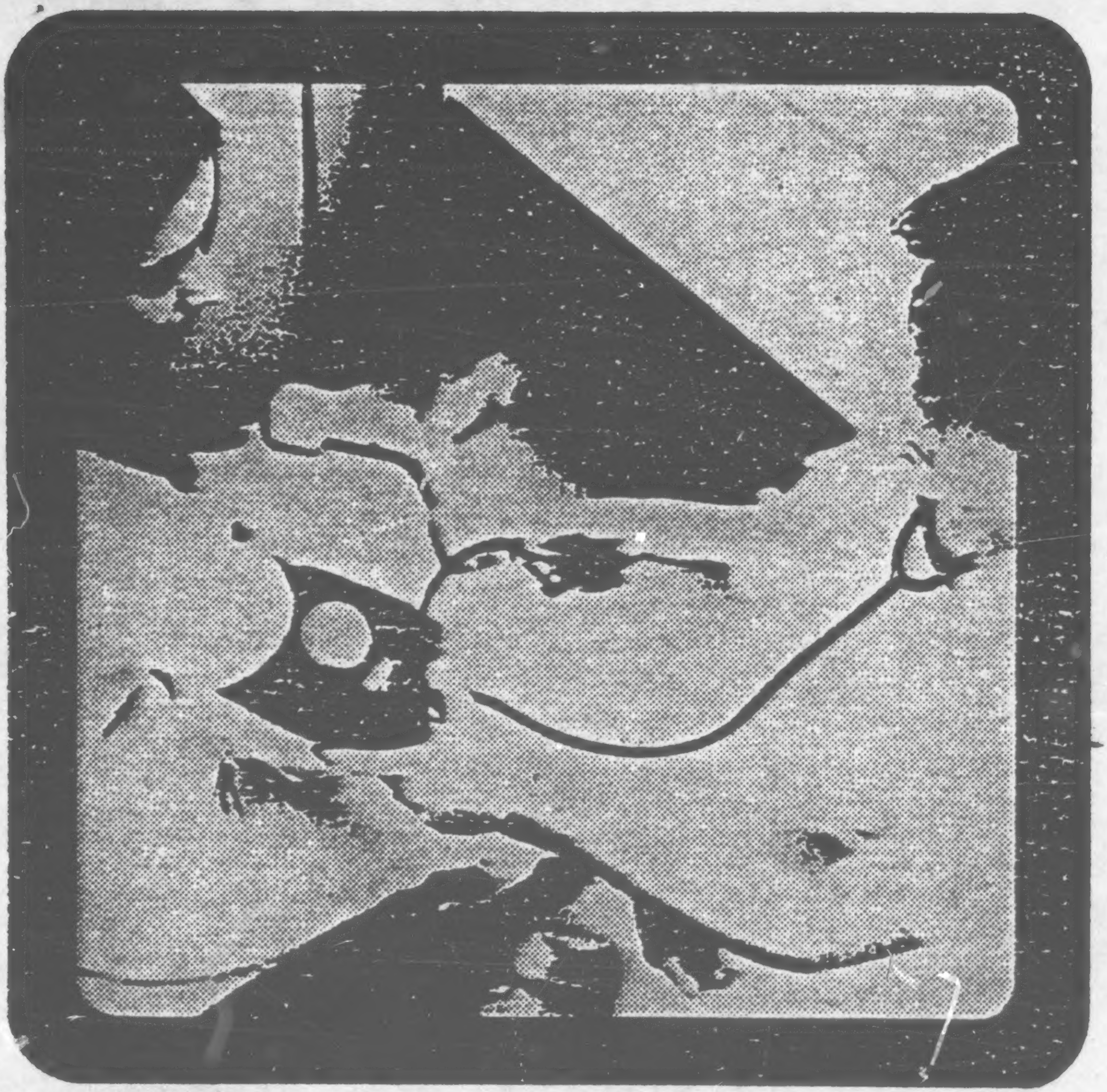
    You are a Medical Assistant for Dr. Bandowski. You call his dentist, Dr. Oakley, to change his appointment from Wednesday, February 23 at 8 a.m. to 7:30 a.m. on any day but Wednesday.

    You dial Dr. Oakley's number and her receptionist answers, "Dr. Oakley's office, Pam speaking". Using scratch paper write what will follow.

3. Your instructor will arrange for a phone with an outside number for job step 3.

    To reach an outside line at CACC, you dial "9". Then dial the number you wish to reach. For this practice dial nine. Then, dial 676-3335. Tell the secretary your name. Then, ask her to take a message for the medical assistant instructor: (Mr. or Mrs. ________________ or Ms. ________________). "Please tell (Mr., Mrs., or Ms.) ________________ that I completed the call for module 4401 09 012." Thank the person who answers and say goodbye.

4. Check your quick reference list and the answers for step 3 with your instructor.



medical assistant

unit: Telephoning

capital area career center

module: 4401 09 013 **date:** 4-26-77 **level:**

skill title: How to Place a Long Distance Call

developed & written by: Beverly Varney

visuals by:

PERFORMANCE OBJECTIVE

You are going to learn:

How to place a long distance phone call.

And in order to do this you will need:

a pen

scratch paper

telephone directory

telephone

We will know you can do it when:

You correctly answer questions about long distance calls.

WORD GUIDE

DIRECT DIALING - without operator's assistance.

INFORMATION

There are several types of long distance calls:

1. Station call - Direct dialing from one number to another number. The rate is lower than a person-to-person call. The charge begins when someone answers.

2. Person-to-person call - Need operator assistance to reach a particular person. You will say, "I want to place a person-to-person call to John Doe at

   1 - 000 - 999-9999."
   (long distance) (area code) (telephone number)

   Charge begins when you reach the desired person. Rates are higher than a station call.

3. Collect call - Reverse charges of call to other party if other party accepts charges. To place this call you need operator assistance. You will say, "I want to place a collect call to 1-222-333-4444." Then state your name.

4. WATS - (Wide area telecommunications service) Special line paid for by a business so customers can call long distance at no charge. Dial 1-800 and special number of customer. If WATS line is not available, dial 1-800-555-1212 for directory assistance.

JOB STEPS

1. Read the following situations and write your answers on scratch paper. Check your answers with your instructor.

   A. Order supplies from Schroder's Hospital Supply in Saginaw, MI. You do not have their WATS number, but you know they have one. How do you get the number? Are you charged for this call?

   B. Place a call to Dr. Horace Field at the American Medical Association Headquarters, Chicago, IL. What number do you call to get the A.M.A. number? Would you place a person or station call? Write the steps for such a call.

   C. Your employer asks you to dial his/her parents in Florida for him/her. The number is 1-300-729-6401. Will you make a station (direct dial) call, a person call, or a collect call?

   D. While the Doctor was out, an insurance company called to ask the doctor to speak at a convention. You return the call when the doctor arrives. You might place a ________________ call.

Answer Sheet For Instructor

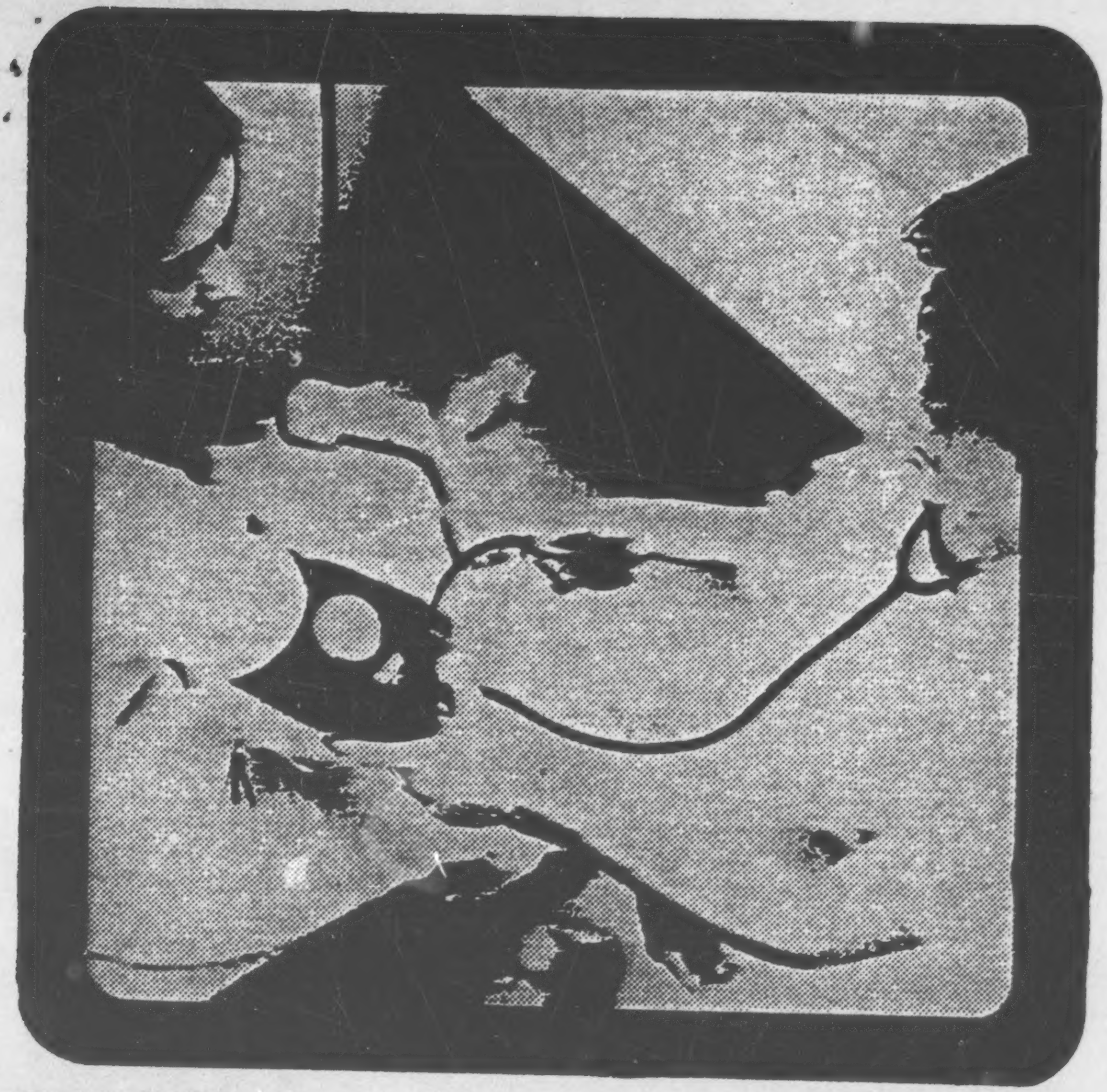
A. Dial 1-800-555-1212 and ask for their number. You are not charged.

B. Dial 1-312-555-1212 to get the number. Probably call person-to-person.

Steps: Dial operator, say I'd like to place a person call to Dr. Horace Field at 1-312-694-3721.

C. Direct dial station call.

D. Collect



medical assistant

unit: Bandaging

capital area career center

module: 4401 10 001 **date:** 8/77 **level:** 2

skill title: Applying a Bandage Using a Circular Turn

developed & written by: Judy Haga

visuals by: Mary Ann Gamel

PERFORMANCE OBJECTIVE

YOU ARE GOING TO LEARN:

To apply a roller bandage using the circular turn on a finger, forearm, or lower leg

AND IN ORDER TO DO THIS YOU WILL NEED:

An extremity that needs a circular bandage

A sterile dressing if an open wound is present on the extremity

A roller bandage (usually gauze)

Tape (optional)

Bandage scissors

WE WILL KNOW YOU CAN DO IT WHEN:

1. The dressing is anchored by two turns at the beginning of the dressing.
2. The layers evenly overlap each other.
3. The bandage is fastened securely.
4. The bandage does not interfer with circulation, but is snug enough to stay in place neatly.

INFORMATION

Read the following required reading before proceeding with this module.

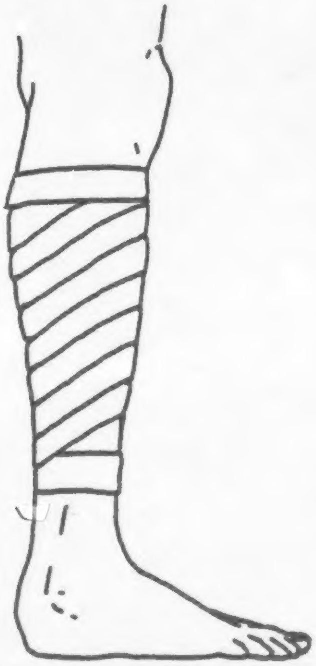
Bredow and Cooper, The Medical Assistant, 3rd Edition, pages 185-187.

American National Red Cross, First Aide Textbook, pages 105-113.

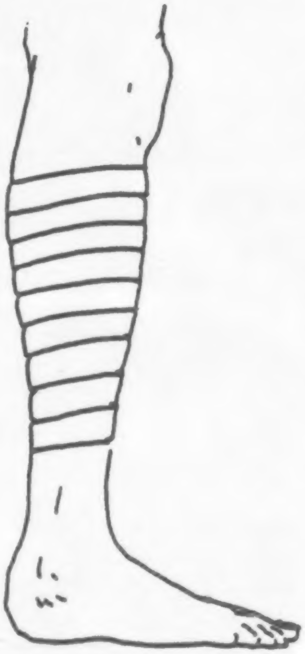
Brunner, Emerson, Ferguson, Suddarth, Textbook of Medical - Surgical Nursing, 2nd Edition, "Care of the Wound", "Surgical Nursing Technique", Pages 135-137.

Du Gas, Introduction to Patient Care, "Guides to Bandaging", Page 301.

Circular turn dressings are used on the parts of the body that are fairly equal in width, such as a finger, lower leg, or a forearm. The circular turn, in addition, is used for the beginning turns or anchoring of other dressings. It is also called the open spiral or closed spiral dressing depending on how closely the layers overlap.



Open Spiral



Closed Spiral

WORD GUIDE

ABRASION (ab-rā'zhun) - A scraping away of skin as a result of an injury.

DISTAL (dis'-tal) - Furthest from the center of the body.

PROXIMAL (proks'-im-al) - Nearest to the center of the body.

SUTURE (sū-tūr) - Closing of an open wound by sewing of the tissue.

INFORMATION

The circular bandage may be used to hold sterile dressings over a freshly sutured wound, healing wound, or an abrasion. For sprains or fractures a circular dressing may be used either for support or to hold a splint into place.

Most bandaging is started from the distal end and wrapped toward the proximal part of the body. This maintains good blood circulation and lymph drainage and prevents swelling of the extremity. When possible the part while being wrapped should be elevated to decrease the accumulation of body fluids during dependent drainage.

You can feel the dependent drainage by hanging your arm down toward the floor. After a couple of minutes, raise your arm above the level of your heart and you can feel the decreased pressure in your hand as the blood flows more easily without the resistance of gravity.

Can you now understand how wrapping a dependent body part can trap body fluids into that part, obstructing circulation? You should remember that good circulation is necessary for healing and by elevating the part being wrapped, when possible, and wrapping snugly but not too tightly, will benefit your patient.

Damage to the tissues from an injury also results in swelling. By wrapping from distal toward the proximal end snug but not tight, you will enable the blood and lymph systems to carry away the excess fluid from the swelling.

The material used for a circular bandage may be made of elastic all wrap, roller gauze, or kling, an elastic gauze wrap. The type used will depend on the doctors orders and the purpose of the dressing.

WORD GUIDE

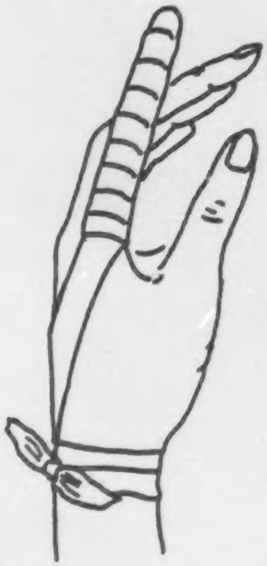
ANTISEPTIC (an-ti'-sep'tic) - An agent that prevents the growth of disease causing organisms.
DISTAL - Farthest from body.
PROXIMAL - Closest to body.

INFORMATION

When wrapping a sutured or abrased wound, a sterile dressing will be put directly on the open wound after any antiseptics or antibiotic ointments have been applied. Sterile techniques must always be used for application of the dressing and ointments.

Technique for the circular bandage is the same for the forearm and lower leg. The bandage is started from the distal and wrapped toward the proximal end of the extremity.

The finger circular bandage is the exception to the rule of distal toward proximal. The bandage should be started at the proximal end of the finger, that is where the finger is attached to the hand, and worked toward the distal end, then is reinforced by wrapping again toward the proximal end. The finger dressing is reinforced and wrapped twice, since the fingers are exposed, more flexible, and used more frequently in direct contact with objects. The return wrap helps to protect the finger, makes the bandage more secure, and leaves the end of the bandage for tying and securing around the wrist.



JOB STEPS

FOR THE FINGER

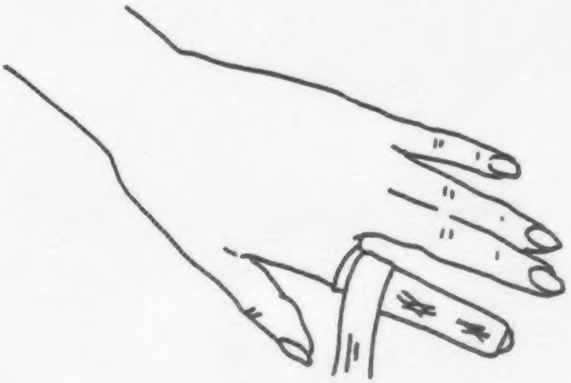
1. Wash your hands.

2. Have the patient hold their hand toward you with the laceration facing up.

3. Apply antiseptic or antibiotic ointment, if ordered by the doctor, using sterile technique. Often it is easier to apply ointments directly to the sterile dressing instead of the finger.

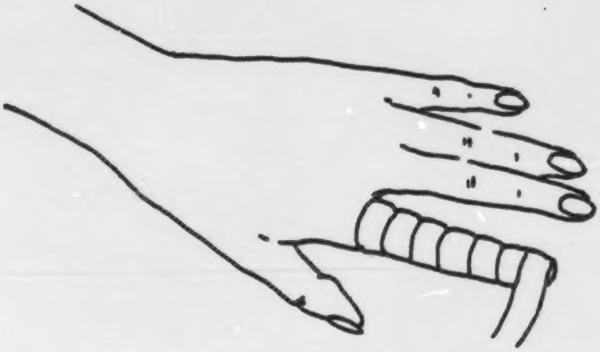
4. Using sterile technique, apply the sterile 3 x 3 dressing to the wound.

5. Apply 1" roller bandage as follows:
    - A. Grasp the end of the bandage in one hand.
    - B. Hold the bandage roll in your other hand with the inside of the bandage facing you.
    - C. Start the dressing at the base of the finger, folding the end under 1/2 inch.
    - D. Wrap around twice to anchor the bandage snug but not restricting circulation.



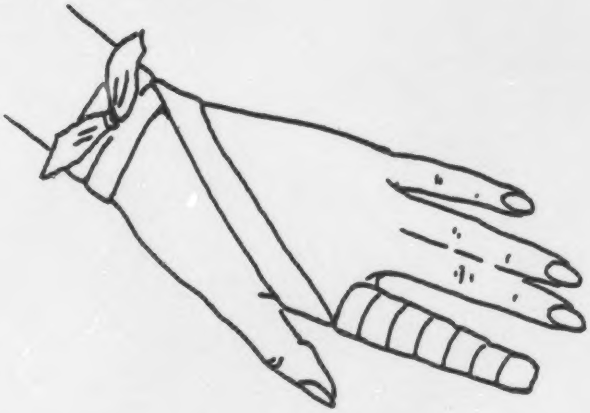
JOB STEPS

E. Roll the bandage toward the end of the finger overlapping each layer slightly.



F. When at the tip of the finger, reverse and roll again overlapping slightly toward the base of the finger.

G. From the finger, take the end of the bandage diagonally across the back of the hand to the wrist, wrap around the wrist twice and tie.



H. Ask the patient to move the finger. There should be enough slack in the tie to the wrist to allow the patient to flex the finger.

JOB STEPS

I. Ask the patient if the finger feels comfortable.

J. Check the tip of the finger for pink color and warmth, which will tell you the circulation is not cut off from too tight a dressing.

FOR LOWER LEG OR FOREARM

1. Proceed with steps described for the finger #1 thru #5B. Use bandage: widths of 2" - 3".

2. Have the patient elevate the extremity being wrapped. Prop on a pillow if necessary.

3. Start your circular roll at the distal end of the extremity. Fold under the end 1/2" and anchor as described on page 107-108 of your First Aid text.

4. Continue a circular turn toward the proximal end of the extremity, overlapping slightly.

5. At the last turn, repeat a second time to reinforce. Cut the bandage with scissors, tuck the end under 1" and secure with tape. You may instead secure the bandage as described in your First Aid book, page 208, in figure 163 and 164, by looping the bandage around the last turn and tying it to the end of the bandage.

6. Check the fingers or toes, to see if good circulation is maintained.

7. Test yourself by answering the following questions. Read the introduction again if you do not know the answers. Be prepared to answer these questions for your instructor.

JOB STEPS

1. When are circular bandages needed?
2. Why would it be important to elevate the extremity being wrapped?
3. How would you check to see if the bandage is too tight?
4. Where would you start when putting a circular bandage on the forearm?

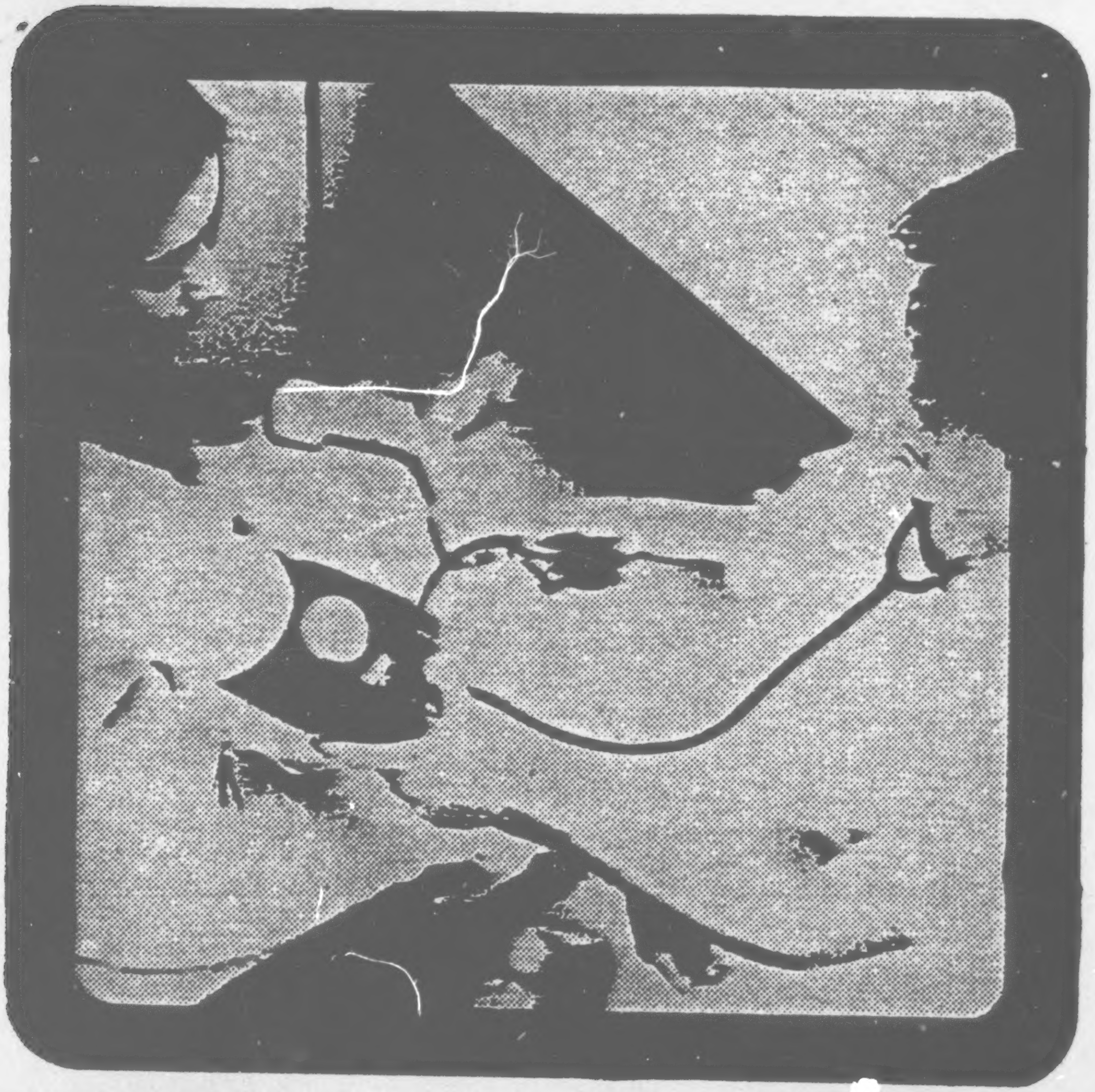
   A. Below the elbow.

   B. Above the wrist.

JOB STEPS

8. Answers to questions:

1. - To hold sterile dressings in place.
   - To support an extremity that has been sprained or fractured.
   - To hold a splint in place.
2. - To maintain good circulation and prevent swelling due to dependent drainage of fluids.
3. - Ask the patient if the dressing feels too tight.
   - Check the color of the extremity.
   - Check for warmth of the extremity.
4. - (B) Above the wrist.



medical assistant

unit: Bandaging

capital area career center

module: 4401 10 002 date: 9/77 level:

skill title: Applying A Tubular Bandage

developed & written by: Judy Haga

visuals by:

PERFORMANCE OBJECTIVE

You are going to learn:

How to apply a tubular bandage to a finger, infant's hand or foot.

And in order to do this you will need:

A patient in need of a tubular bandage

Tubular bandage of appropriate width

A tubular gauze frame

Bandage scissors

Tape

3 X 3 gauze (sterile)

We will know that you can do it when:

1. You firmly cover the injured area with sterile dressing.
2. You apply the tubular gauze over the sterile dressing.
3. You do not restrict circulation by making the tubular gauze too tight, but rather make it comfortable for the patient.
4. You firmly anchor the tubular gauze.

WORD GUIDE

STERILE - (ster-il) - Free of any disease causing organisms.

ASCEPTIC - (A-sep-tick) - Clean technique-avoiding soil or contact with disease producing organism.

INFORMATION

Read the following required material before proceeding with this module.

Textbook of Medical-Surgical Nursing, Brunner, Emerson, Ferguson, Siddarth, (2nd. Edition), "Care of the Wound" and "Surgical Dressing Technique", page 135-137.

A tubular dressing is a circular stretch cotton, knit fabric that tunnels over an extremity for snug fit and greater protection than a gauze dressing. It is ordinarily used over a sterile dressing for patients who are particularly active or exposed to conditions that may be more likely to soil the dressing. Small children, infants or people with occupations that may expose them to greater contamination of the dressing would benefit from this heavier dressing. Therefore, it is a protective covering over a sterile dressing.

The advantage of a tubular wrap is that it will be more durable and soil is less likely to saturate the sterile dressing.

The tubular gauze is make in various widths that can be used for various size extremities that need covering. It is also an elastic knit that stretches to fit.

The tubular gauze is stretched over a cylindrical frame which matches the size of the tubular gauze. You can prepare the tubular gauze before applying the sterile dressing. Simply stretch the gauze over the corresponding size frame and push the gauze forward until the frame is completely covered and gathered up on the frame. Do not cut the gauze until you have finished applying the gauze on the covered extremity.

WORD GUIDE

ASEPTIC TECHNIQUE	Sterile technique; do in such a manner to keep free from bacteria, germs, etc.

INFORMATION

The tubular gauze is not sterile but should be applied with aseptic technique. The sterile dressing that is applied directly on the wound must be applied by sterile technique. If the physician orders antibiotic ointment, you may apply it to the sterile dressing before placing the dressing on the wound. Antiseptic would need to be applied directly to the wound since it is liquid. The sterile gauze must be firmly placed to prevent it from slipping while applying the tubular bandage. Tape may be used to secure the sterile dressing.

Elevation of the wrapped extremity is important. Keep this in mind while applying the tubular bandage.

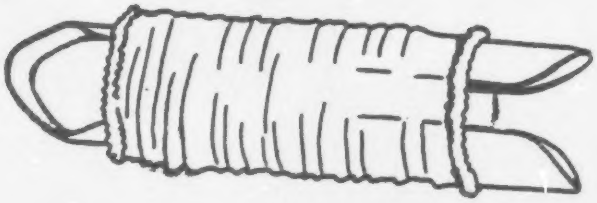
WORD GUIDE

DISTAL - Point furthest away from body attachment.

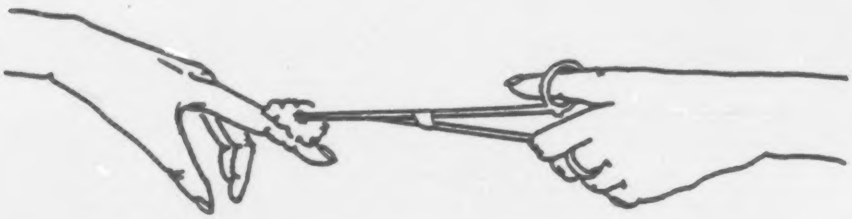
JOB STEPS

1. Collect your materials.

2. Using aseptic technique, prepare your tubular gauze on the correct size frame (you will probably want to try this technique on a finger).



3. Use sterile technique to apply antiseptic or ointments to the wound or dressing.

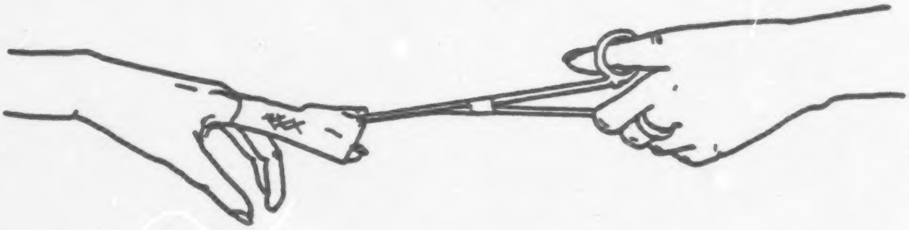


WORD GUIDE

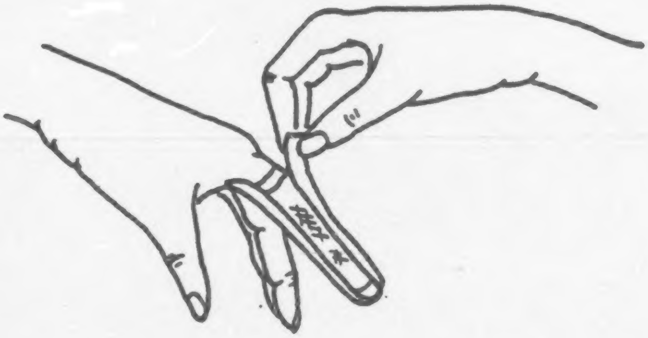
PROXIMAL END - Point nearest the body or attachment.

JOB STEPS

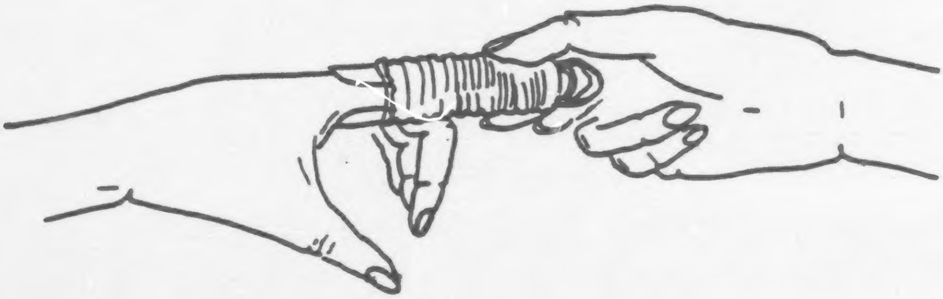
4. Using sterile technique, apply the 3 X 3 sterile gauze to the wound.



5. Using tape, firmly anchor the gauze.

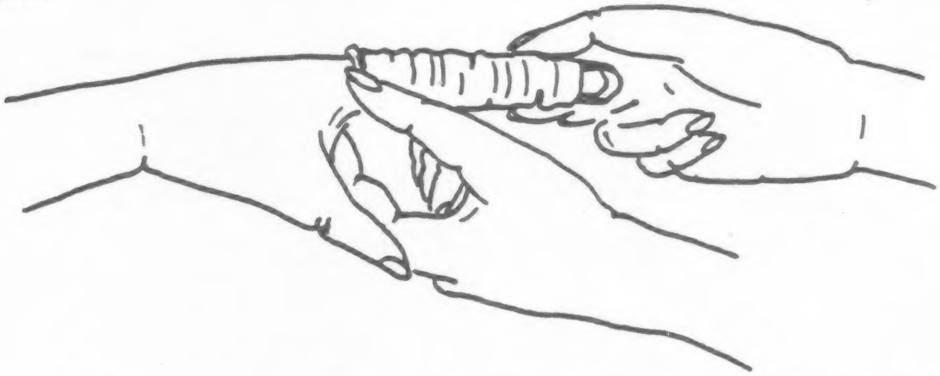


6. Slide the gauze covered frame over the extremity being wrapped, until you reach the proximal end being dressed.

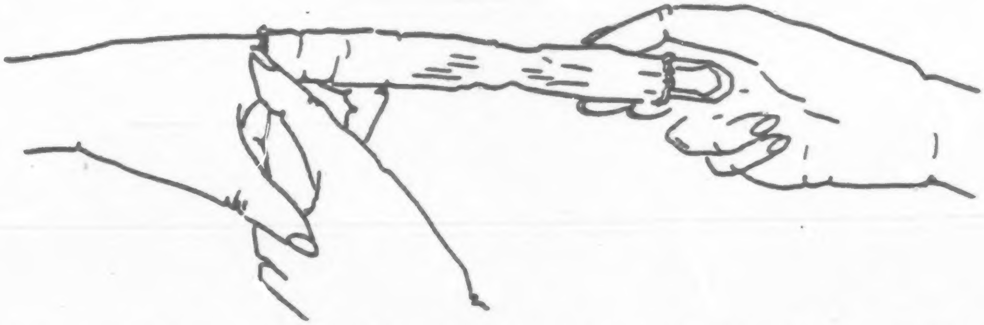


JOB STEPS

7. Pull the cut end of the tube gauze and hold in place with your left hand.

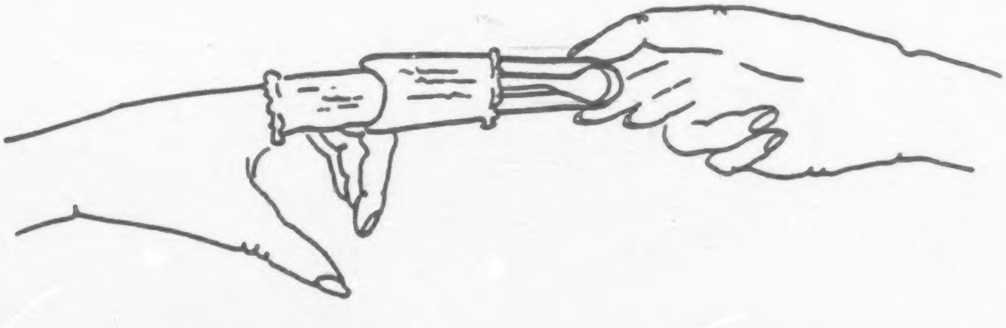


8. With your right hand, gently pull the frame toward the distal end, so that the fabric stretches snugly over the part being covered. Take care not to dislodge the sterile dressing.



9. With your left hand still holding the tubular dressing at the proximal end, twist the tubular gauze 2 or 3 times at the end of the extremity (you will need to advance the gauze down the frame as the fabric is needed).

10. Begin applying tension, slide the frame back toward the proximal end, so the fabric stretches snugly over the area being covered. Sometimes, continuing to twist the frame will aid in the fit of the gauze.



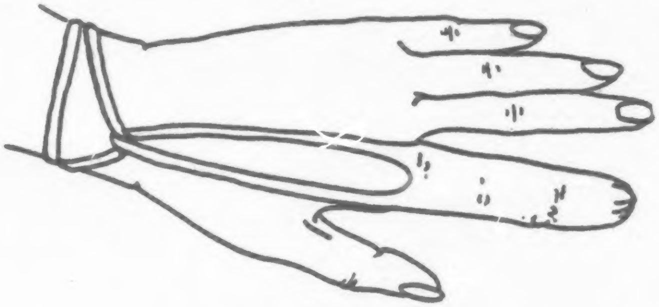
WORD GUIDE

CIRCULATION - Flow of blood.

JOB STEPS

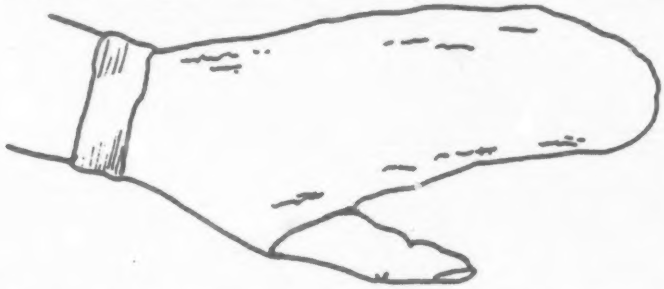
11. Anchor the gauze in either of the following wrap:

    A. For a Finger - Cut an extra 4-6 inches of gauze from the proximal end. Using scissors, cut up the middle of the gauze until you reach the base of the finger. Tie at the base of the cut.



Use your two ends to secure the dressing around the wrist and then tie securely.

    B. For a Hand - Cut the tubular gauze at the distal end and secure firmly around the edge of the gauze with tape. Take care the tape is not too tight so that is doesn't interfere with circulation.



12. Ask the patient if the dressing is comfortable.

JOB STEPS

13. Test yourself on this module before proceeding with practice. Be prepared to answer the following questions for your instructor. The answers are listed at the bottom of this page. If you are unable to successfully answer each question, re-read the module.

    A. When would a tubular dressing be needed?

    B. At what end is the tubular dressing started for the extremity being dressed?

    C. What parts of the body might need a tubular dressing?

    D. While applying a tubular dressing, how can you prevent the sterile dressing from moving out of place?

14. Check your answers: See the bottom of this page.

15. Be ready to demonstrate this skill for your instructor.

16. If your instructor says you are ready, practice the tubular dressing on a classmate's finger.

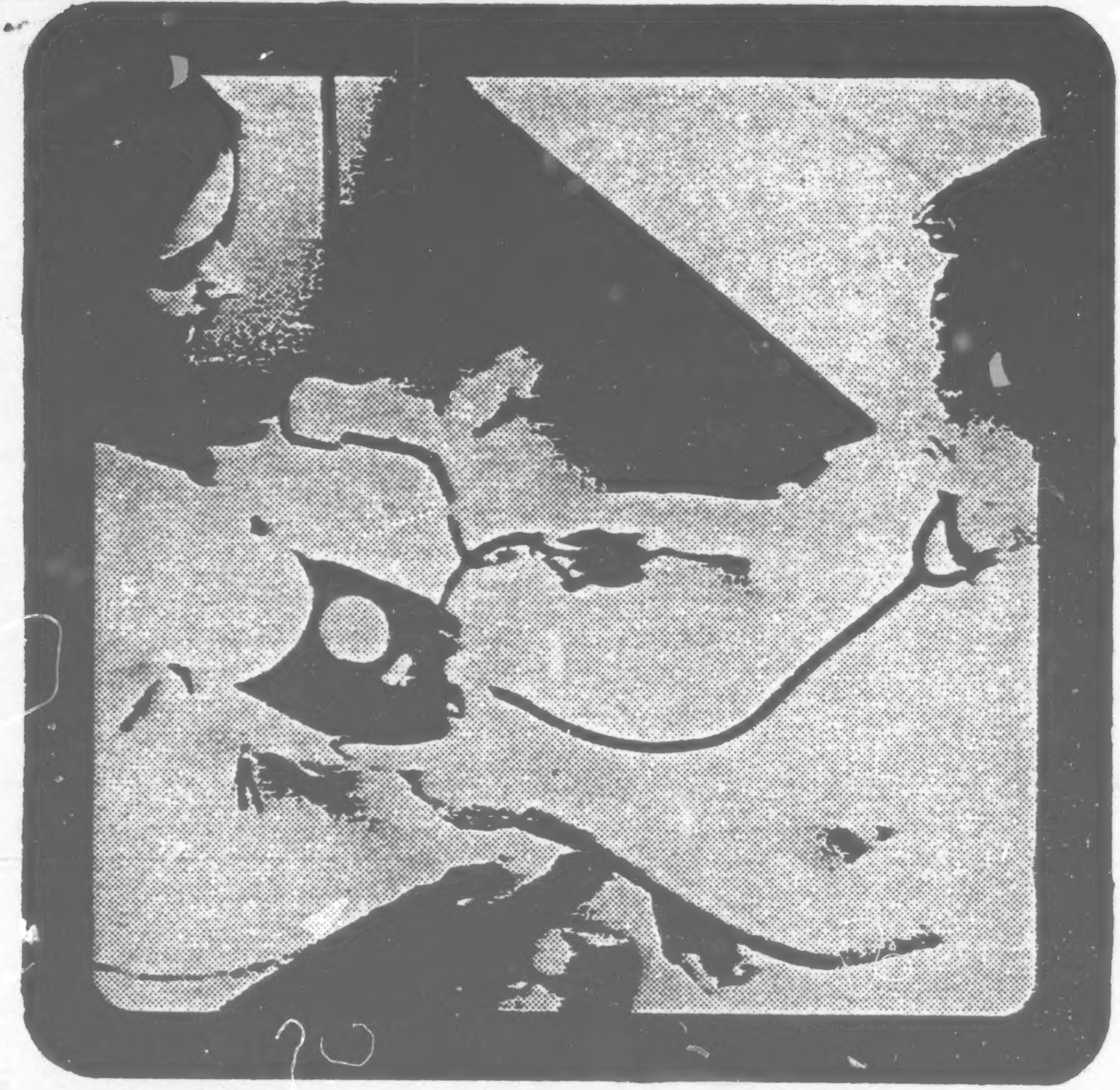
ANSWERS

A. On a child, infant or adult that may need extra protection to keep a wound free from soil.

B. Proximal end

C. Finger
Hand
Foot

D. By taping the dressing firmly before applying the bandage.



medical assistant

unit: Bandaging

capital area career center

module: 4401 10 003 **date:** 9/77 **level:** II

skill title: Applying a Figure Eight Bandage to the Hand

developed & written by: Judy Haga, R.N.

visuals by: Mary Ann Gamel

PERFORMANCE OBJECTIVE

You are going to learn:

How to apply a figure 8 bandage to the hand with a wound on the palm.

And in order to do this you will need:

A person with a cut on the palm of the hand

Antiseptic or Antibiotic Ointment

3 X 3" Sterile Dressing

2" Roller Gauze

1/2-1" Tape

Bandage Scissors

We will know you can do it when:

1. You cover the wound with sterile dressing using sterile technique.
2. You anchor the roller bandage by 2 circular turns over the sterile dressing, keeping the sterile dressing in place over the wound.
3. You secure the bandage around the wrist and back to the palm, repeating the turns until bandage is secure.
4. You securely tape the end of the bandage.
5. You wrap the bandage so that you maintain good circulation to the fingers.

INFORMATION SHEET

Read and review the following materials: Bredow and Cooper, The Medical Assistant, 3rd Edition, pages 185-187.

American National Red Cross, First Aid Textbook, pages 105-113.

Brunner, Emerson, Ferguson, Suddarth, Textbook of Medical-Surgical Nursing, 2nd Edition, "Care of the Wound" and "Surgical Dressing Technique", pages 135-137.

DuGas, Introduction to Patient Care, "Guides to Bandaging", page 301.

The figure 8 bandage is used for several reasons. The palm of the hand is an area of the body that tends to be damp and easily perspires. As you probably know from experience, tape does not adhere (stick) to the palm for a long time. Also, a firm, anchor type of bandage will hold a dressing in place and yet allow free movement of the fingers and wrist. Since the hand is frequently in direct contact with the environment, the anchor bandage protects the sterile dressing from getting soiled.

The figure 8 bandage may also be used for other parts of the body. Such as the foot or ankle, but this module will deal only with the hand and wrist area.

An elastic ace bandage or gauze may be used for the figure 8. When using elastic bandages, take care not to stretch too tightly so not to impair circulation. The width used for adults or older children would usually be two inches. The one inch width would be used with small children or infants.

You have learned that elevation of the extremity while applying the bandage is important for good circulation. It is also important to elevate the forearm and hand during the figure 8 dressing.

JOB STEPS

1. Collect your materials. Be sure to read the information section in this module.

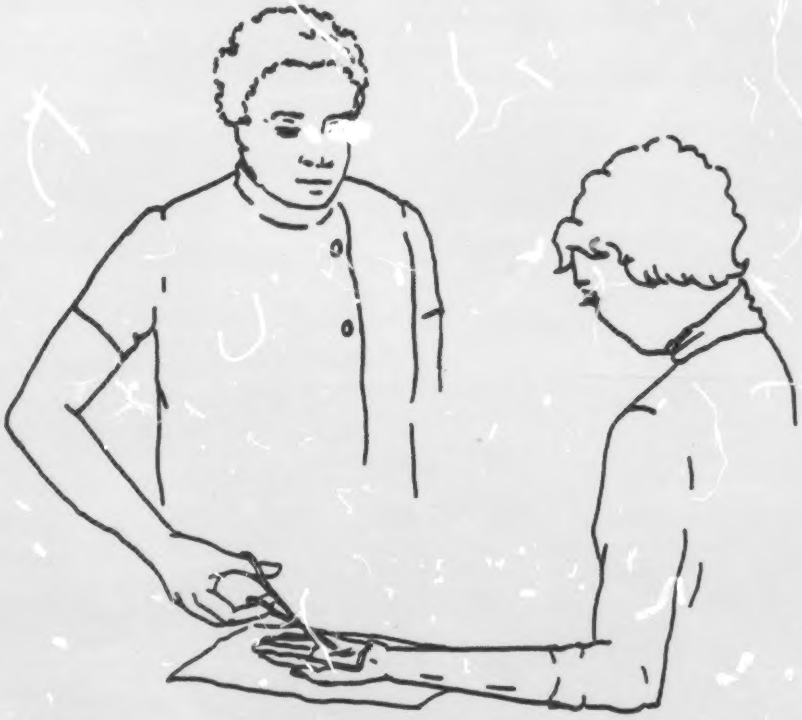
2. Wash your hands.

3. Have the patient hold the injured hand toward you, palm side up.

4. Open the sterile dressing wrapper taking care not to touch or contaminate the dressing.

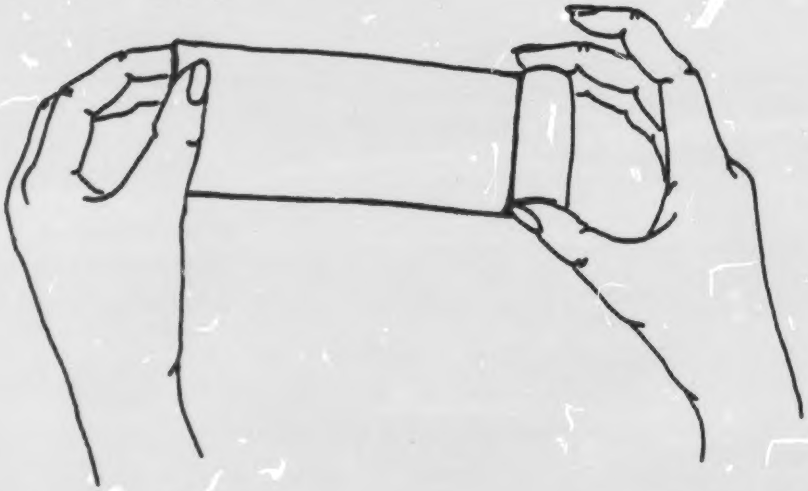
5. Apply any antibiotic ointment or antiseptic ordered by the physician.

6. Using sterile transfer tongs or by holding a small corner of the dressing that will not touch the wound, lay the sterile dressing over the cut.

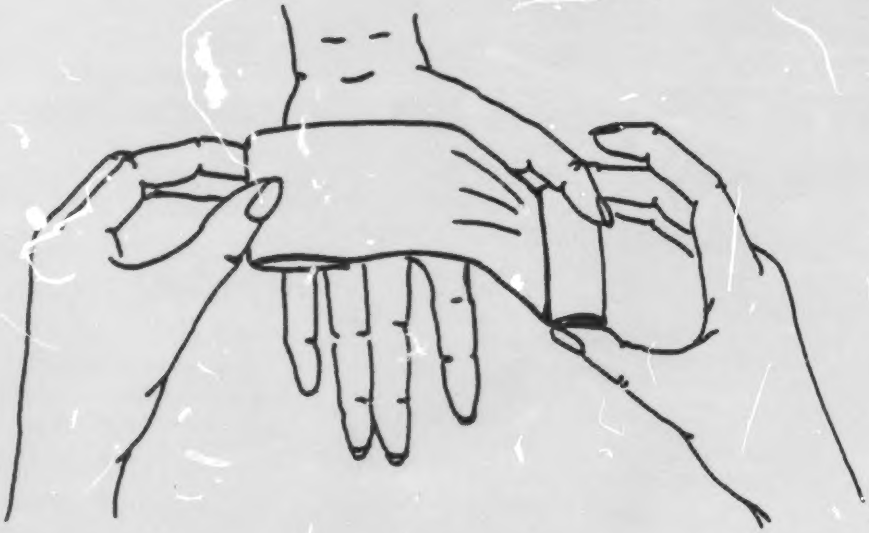


JOB STEPS

7. Hold the end of the roller bandage in your left hand and the roll of the bandage in your right hand. The inside of the bandage should be facing you. (Reverse the hands if you are a lefty).



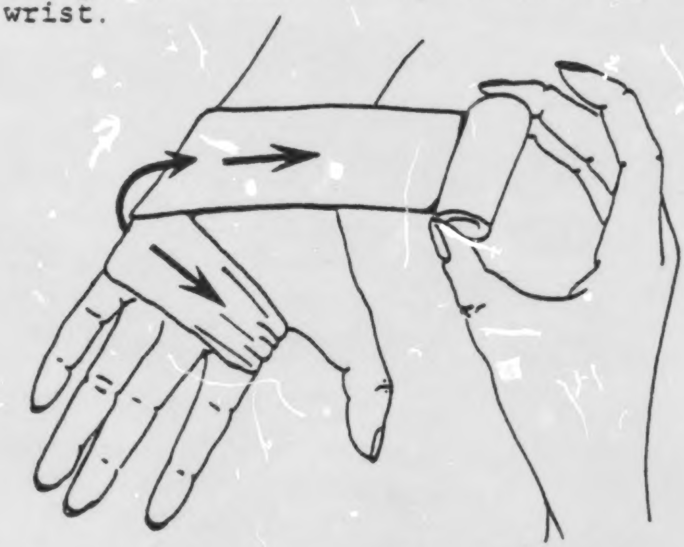
8. Using your left hand, fold the end of the bandage over the sterile dressing. With your right hand, roll the bandage around the hand twice.



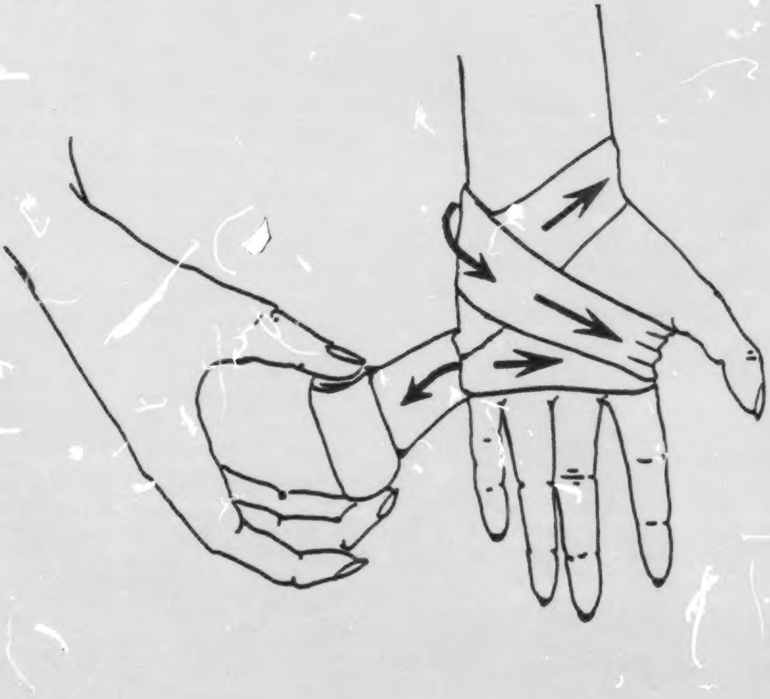
JOB STEPS

9. Release your left hand.

10. Bring the bandage down over the top of the hand and completely around the wrist.



11. Bring the bandage over the palm of the hand and completely around the hand.

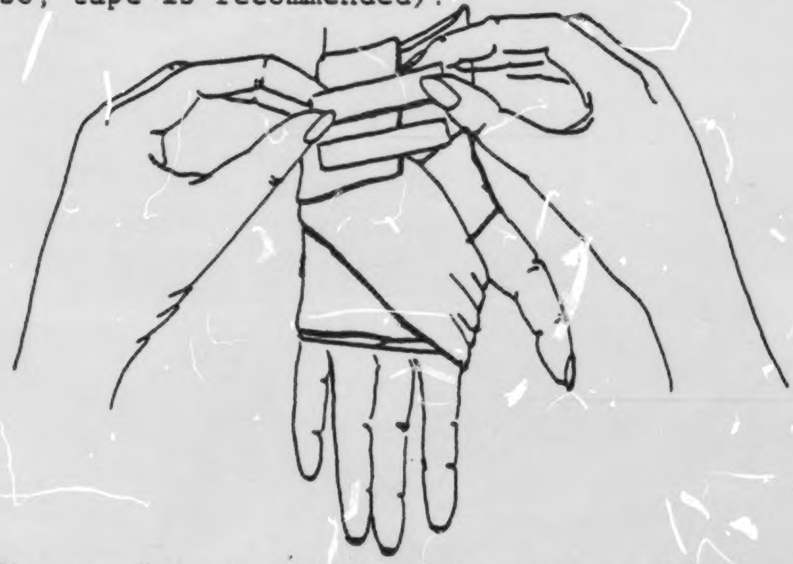


JOB STEPS

12. To secure the dressing, repeat steps 10 and 11 as many times as needed. End at the wrist.

13. If you use gauze dressing, cut the end of the dressing leaving 3 inches at the wrist. Elastic bandage should not be cut, since it could unravel and not be used again (Elastic bandages may be laundered and later used for a clean dressing).

14. Anchor the loose end with 1/2 to 1 inch tape. Be careful not to apply the bandage too tightly cutting off circulation (Metal hooks are often supplied with ace bandages but easily come off. So, tape is recommended).



15. Check the fingers for warmth and pink color to make sure good circulation is maintained. Ask the patient if the dressing is comfortable and if the fingers are able to flex.

16. Practice applying the dressing to a classmate and be prepared to answer the following questions for your instructor. If you are unable to correctly answer all questions, re-read this module.

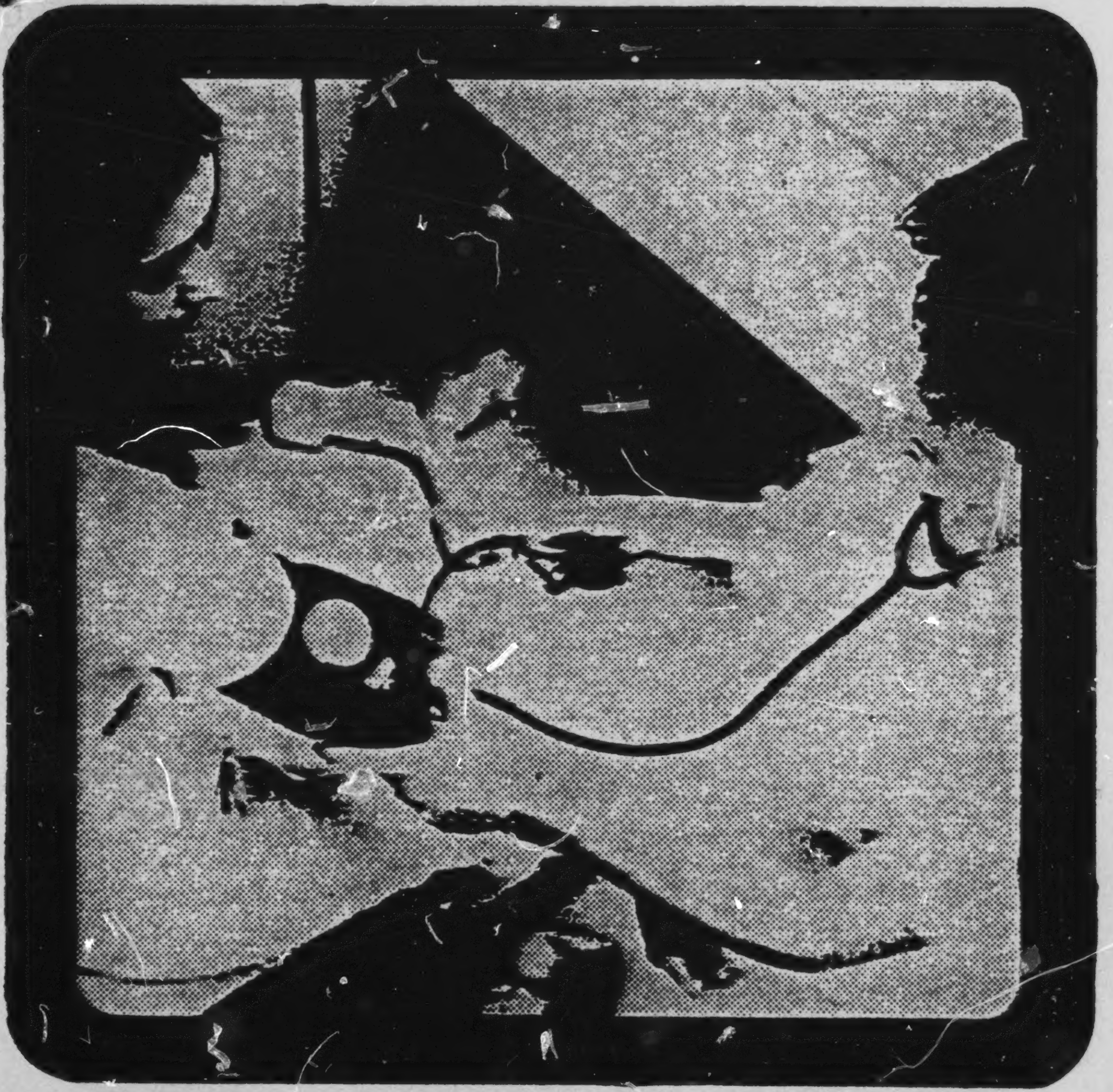
QUESTIONS

1. Why is the figure 8 used on the hand?
2. What other parts of the body would a figure 8 be useful?
3. What special care should be given when using an elastic bandage?

ANSWERS

1. To keep a sterile dressing in place on the palm of the hand and allow free movements of the fingers and wrist. Protects by keeping wound clean.
2. Foot or ankle
3. The elastic ace should not be stretched too tightly and should not be cut.

You should now be ready to demonstrate this skill for your instructor.



medical assistant

unit: Bandaging

capital area career center

module: 4401 10 004 date: 9/77 level: II

skill title: Applying a Roller Bandage in a Figure-8 to an Ankle

developed & written by: Judy Haga, R.N.

visuals by: Mary Ann Gamel

PERFORMANCE OBJECTIVE

You are going to learn:

How to apply a roller bandage in a figure-8 to an ankle.

And in order to do this you will need:

A patient with a sprained ankle

A 3" elastic bandage

We will know you can do it when:

1. You anchor the bandage by two turns around the arch of the foot.
2. You apply the bandage so that it forms a figure-8 around the foot and ankle.
3. You secure the bandage end in place with 2 clips.
4. You wrap the bandage so that it is neither too tight nor too loose.

WORD GUIDE

SPRAIN - (SPRAN) - A violent straining or wrenching of parts around the joint, without dislocation. Involves partial tearing or stretching of muscles or tendons with injury to blood vessels and surrounding soft tissue.

LIGAMENT - (LIG-AH-MENT) - A sheet or band of fibrous tissue which connect 2 or more bones and cartilage and/or muscles.

TENDONS - Tough fibers which attach muscles to bones.

VULNERABLE - (VUHL-NER-AH-BULL) - Unprotected or apt to be injured.

INFORMATION

Read or review the following material: Bredow and Cooper, The Medical Assistant, 3rd Edition, pages 185-187.

American National Red Cross, First Aid Textbook, pages 105-113.

Brunner, Emerson, Ferguson, Suddarth, Textbook of Medical-Surgical Nursing, 2nd Edition, "Care of the Wound" and "Surgical Dressing Technique", pages 135-137.

Du Gas, Introduction to Patient Care, "Guides to Bandaging", page 301.

Sprains result when a joint is forced beyond its normal range of motion, causing injury to supporting muscles, tendons, ligaments, blood vessels and connecting tissue which may be torn and result in swelling of the injured area.

In the case of active people the ankle is particularly vulnerable to injury. Non-supportive shoes, particularly platform shoes, may contribute to inward foot turning. Symptoms from sprains are often difficult to tell from fractures. X-rays may be required to determine what treatment is needed.

WORD GUIDE

SUPPORTIVE MEASURES - Things a doctor does to help a patient be more comfortable while recovering from illness or injury.

INFORMATION

Once a sprain is diagnosed, the patient will need supportive measures to relieve discomfort and permit activity. The ankle and foot, support the full body weight, and require protection while healing takes place.

An elastic wrap is strong, durable and washable and is usually the preferred bandage for wrapping the injured ankle. You should instruct the patient to watch you while you wrap the foot. Teaching the patient how to dress the area is important since it is recommended that the dressing be removed at bedtime. The wrap is intended to be worn for support during periods of activity. Removal at bedtime permit full circulation needed for healing. The patient will need to know how to re-wrap the bandage for the next day's activity.

The patient should also be instructed to elevate the foot whenever possible for good circulation. The feet are the furthest body part from the heart, and gravity slows the return of blood to the heart. In a previous mod, you learned about dependent drainage while hanging your arm at your side. The legs and feet have even more dependent drainage.

For comfort and to reduce swelling, you may instruct the patient to apply cold packs to the injured area for the first 24 hours unless the physician devises otherwise. Heat applications are usually recommended after this time to encourage the circulation to carry off the excess fluids from the swelling and aid in repair of damaged structures.

You should elevate the foot while applying the bandage, so body fluids are not trapped in the foot but are allowed to return to the general circulation. Check the toes for warmth and pink color to assure good circulation is maintained.

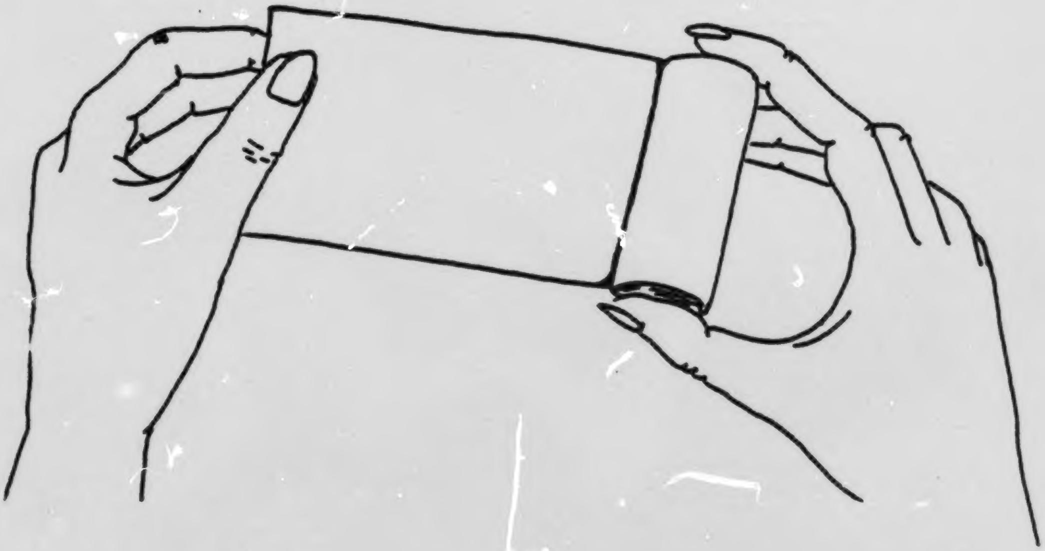
This bandage may also be used to hold sterile dressings to open wounds on the bottom of the foot. The sterile dressing on the bottom of the foot needs extra protection from dirt and soil. Make sure the foot has been thoroughly cleaned.

JOB STEPS

1. Collect your materials. Be sure to read the information section in this module.

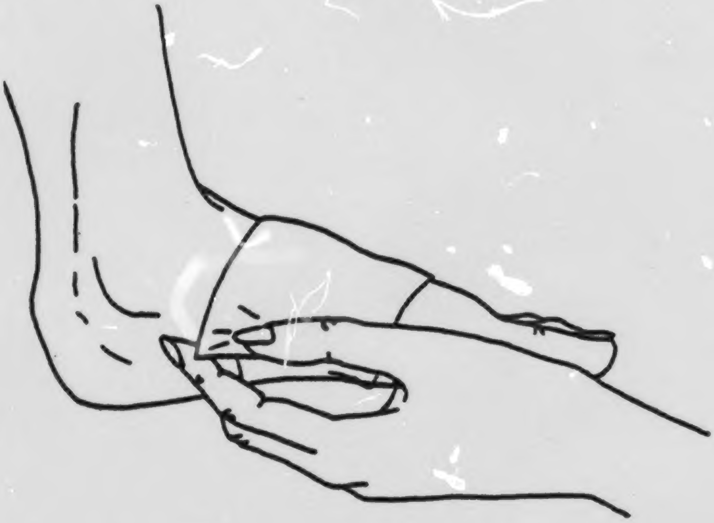
2. Have the patient sit in a chair and elevate the injured foot. Support the back of their lower leg with your knee or a pillow, etc.

3. Using your left hand, take the end of the bandage. With your right hand, hold the roll of bandage (reverse if you are a lefty).

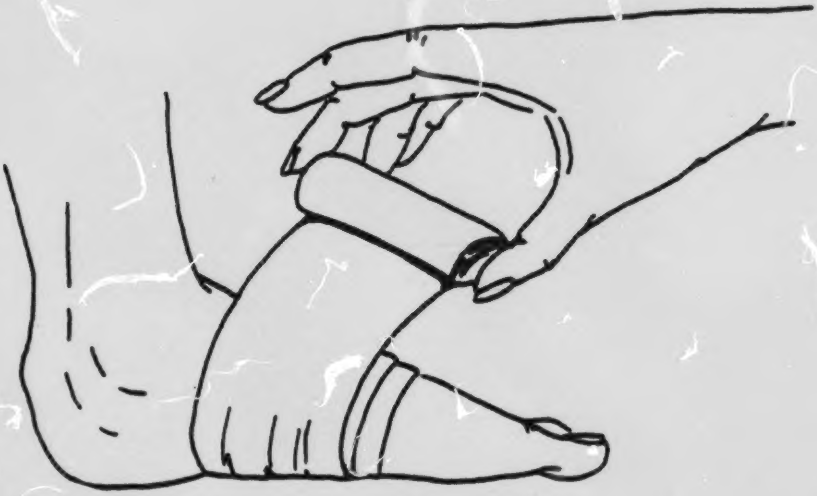


JOB STEPS

4. Lay the end of the bandage on the instep of the foot and hold in place with your left hand.

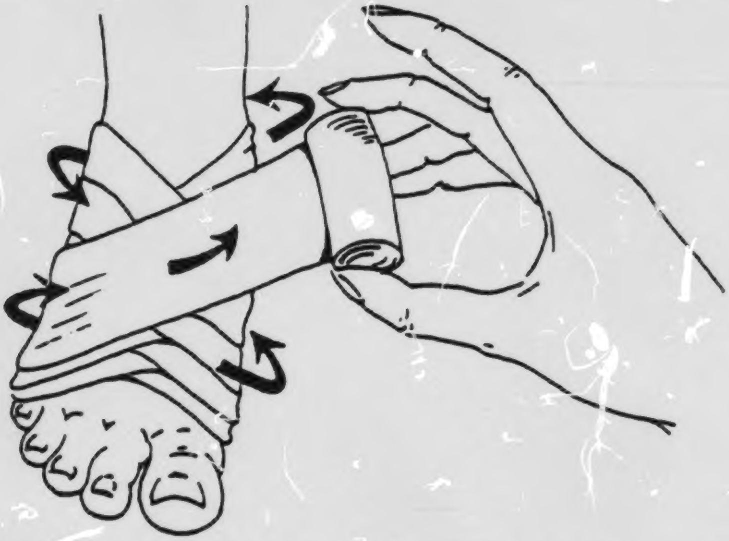


5. With your right hand wrap the bandage around the foot twice. Be careful not to wrap too tightly.



JOB STEPS

6. Wrap the bandage up and around the ankle once and back down around the instep. Repeat this step, making sure the layers overlap each other 3/4". Continue wrapping in this manner until you use up all the dressing.



7. Ask the patient if the bandage feels comfortable and not too tight. If it is too tight, rebandage the foot.

8. Using the clips included with the bandage, securely fasten the ends of the bandage. Then, secure with one inch tape.

9. Check the toes for warmth and pink color.

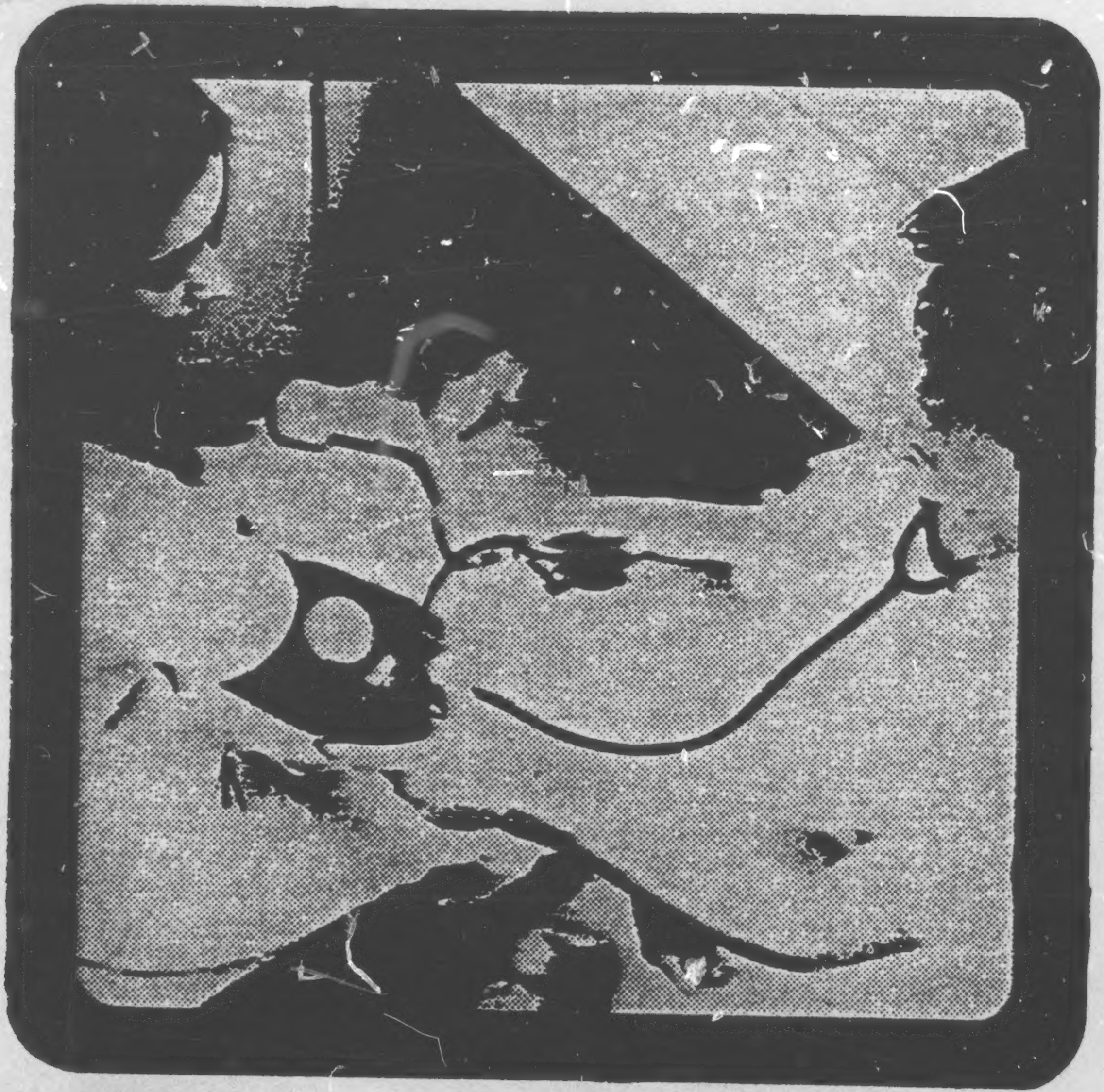
10. Give your patient the following instructions:

    A. Remove the bandage at night.

    B. When possible, during the day, elevate foot.

    C. Apply cold packs the first 24 hours, then heat.

    Clarify and reinforce any of the physician's directions and answer any questions the patient may have.



medical assistant

unit: Bandaging

capital area career center

module: 4401 10 006 date: 9/77 level: II

skill title: Applying a Bandage to the Finger with Recurrent Turns

developed & written by: Judy Haga, R.N.

visuals by: Mary Ann Gamel

PERFORMANCE OBJECTIVE

You are going to learn:

How to apply a bandage to the finger with recurrent turns.

And in order to do this you will need:

A patient with an open wound on a finger

Sterile dressing (3" X 3" gauze)

1/2 " Tape

Bandage scissors

1" Roller gauze

We will know you can do it when:

1. You cover the wound with sterile dressing using sterile technique.
2. You fold the bandage twice over the finger.
3. You wrap the bandage up the finger with a circular turn and back down with a circular turn.
4. You secure the bandage with tape.
5. You wrap the finger so that the circulation is not impaired.

WORD GUIDE

EXTREMITY - (EX-TREH-MIT-EE) - One of the body parts farthest from the center, like a hand or foot, arm or leg.

TRAUMA - (TRAW-MAH) - Injury

INFORMATION

You will need to read and review the following information:
Bredow and Cooper, *The Medical Assistant*, 3rd Edition, pages 185-187.

American National Red Cross, *First Aid Textbook*, pages 105-113.

Brunner, Emerson, Ferguson, Suddarth, *Textbook of Medical-Surgical Nursing*, 2nd Edition, "Care of the Wound" and "Surgical Dressing Technique", pages 135-137.

Du Gas, *Introduction to Patient Care*, "Guides to Bandaging", page 301.

The recurrent bandage is used for injuries to tips of fingers or toes, for stumps of amputated limbs and can be used for the scalp. The bandage is a series of recurrent turns to cover the tip or end of the extremity and circular turns to hold the loops in place. The layer of turns helps to protect the wound from further trauma and contamination.

Since you cannot see or feel the tip of the extremity, take special care not to impair circulation. Question the patient about the warmth and comfort of the bandage. Be careful not to wrap the bandage too tightly and apply even pressure.

With all dressing, instruct the patient to keep the bandage clean and dry. Wounds under soiled and damp bandages may become seriously infected. The patient should have the bandage immediately changed if it becomes heavily soiled or wet. Many fingertip wounds are close to the bone. Bone infection is very serious and difficult to treat.

The physician will instruct the patient when to have the wound rechecked, sutures removed, and will instruct the patient on how to take any prescribed medications. Listen closely to the physician's instructions in case the patient needs these instructions repeated or clarified after the doctor leaves the room. If you are not sure of the instruction, recheck with the doctor. Do not give the patient information you are uncertain about.

INFORMATION

Get the information from the doctor, so the patient's questions are answered before they leave. Be sure the patient understands the directions. Many people are afraid to ask questions, worried that you may feel they are not intelligent.

It is important to repeat the doctor's orders and give the patient the opportunity to ask questions. Never reply with impatience. You may discourage that patient in learning information essential to his/her health.

WORD GUIDE

DIGIT - (DI-JIT) - A finger or toe.

JOB STEPS

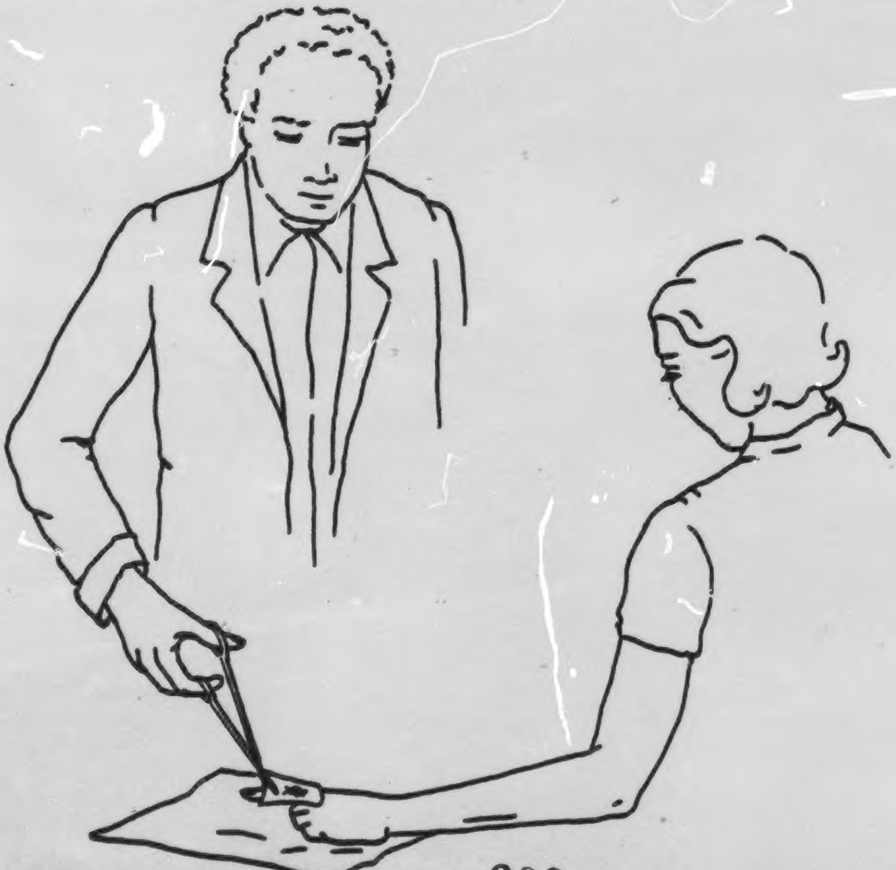
1. Collect your materials. Be sure to read the material contained in the information section of this module.

2. Thoroughly wash your hands.

3. Have the patient hold the injured digit toward you, wound facing up.

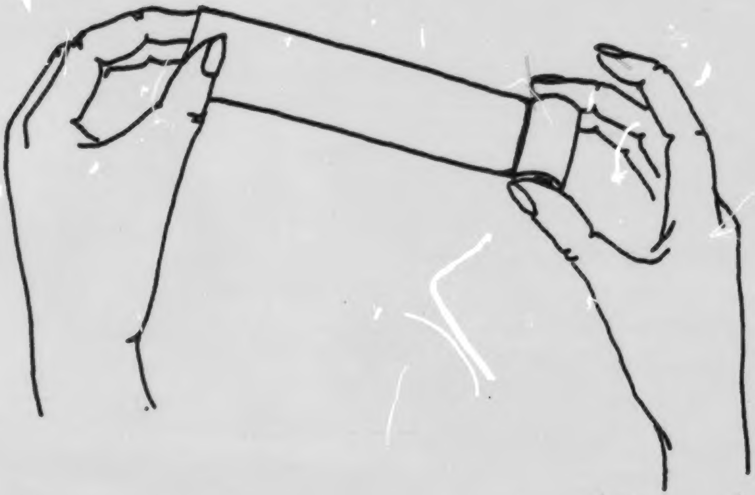
4. Using sterile technique, apply antibiotic ointment or antiseptic if ordered by the physician.

5. Lay a sterile dressing over the wound using sterile technique.

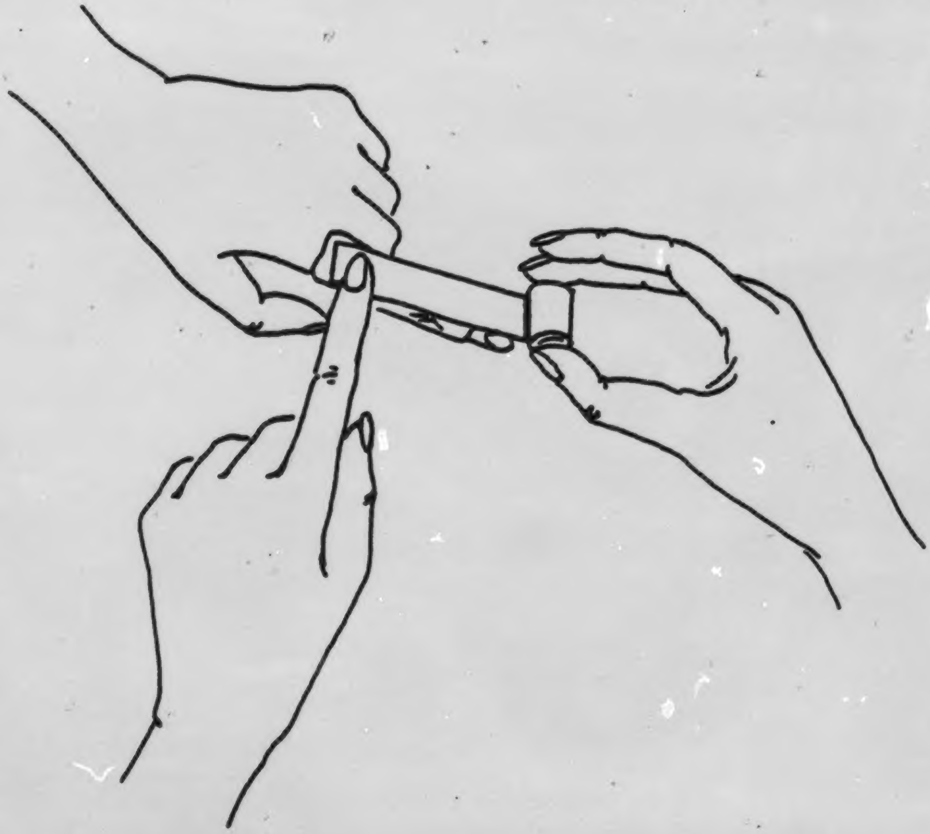


JOB STEPS

6. Using your left hand hold the end of the bandage. In your right hand, hold the roll of bandage. (Reverse if you are a lefty). The inside of the bandage should be facing you (See page 221 Advanced First Aid Text).

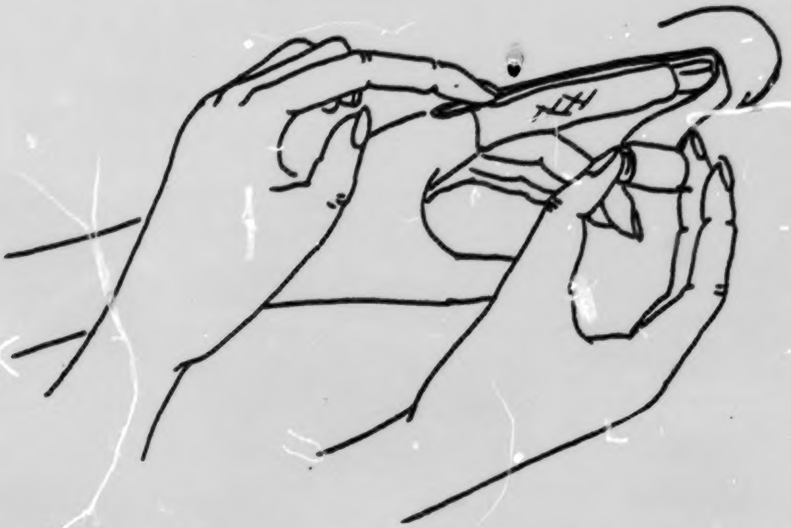


7. Hold the end of the bandage at the base of the affected finger.

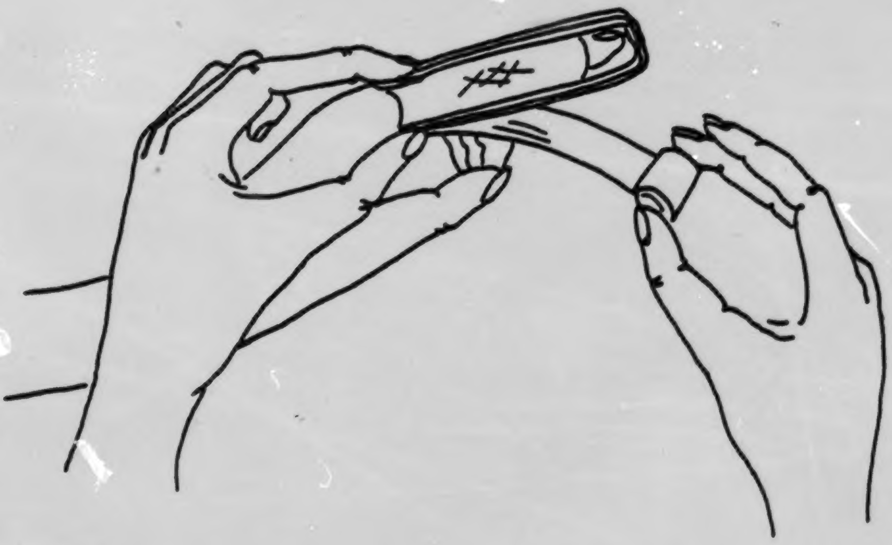


JOB STEPS

8. Gently roll the bandage up toward the tip of the finger, over the tip of the finger and down the opposite side of the finger.

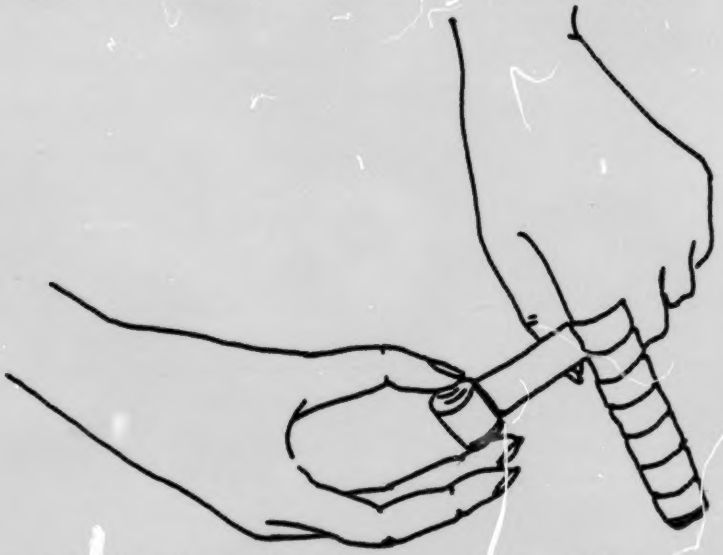


9. Using your thumb and forefinger, hold the bandage firmly in place on both sides of the finger and repeat job step # 8 several times ending at the base of the finger.



JOB STEPS

10. Then turn the dressing sideways and roll the bandage in circular overlapping turns toward the tip of the finger. When you reach the tip, reverse the direction and continue the circular turn to the base of the finger.



11. Anchor the bandage in either of the following two ways:

    A. Cut the bandage and tape it in place at the base of the finger.

    B. Use a figure-8 turn around the wrist, back around the affected finger, returning to the wrist and tie in a square knot.

12. Ask the patient if the bandage is comfortable and if the finger is warm.

13. Tell the patient to keep the bandage dry and clean, and remind them of the physicians instructions.

JOB STEPS

14. Practice this skill with a classmate. When you feel you know how to do this bandage, demonstrate this skill for your instructor. Be prepared to answer the following questions. Re-read the information sheet if needed.

QUESTIONS

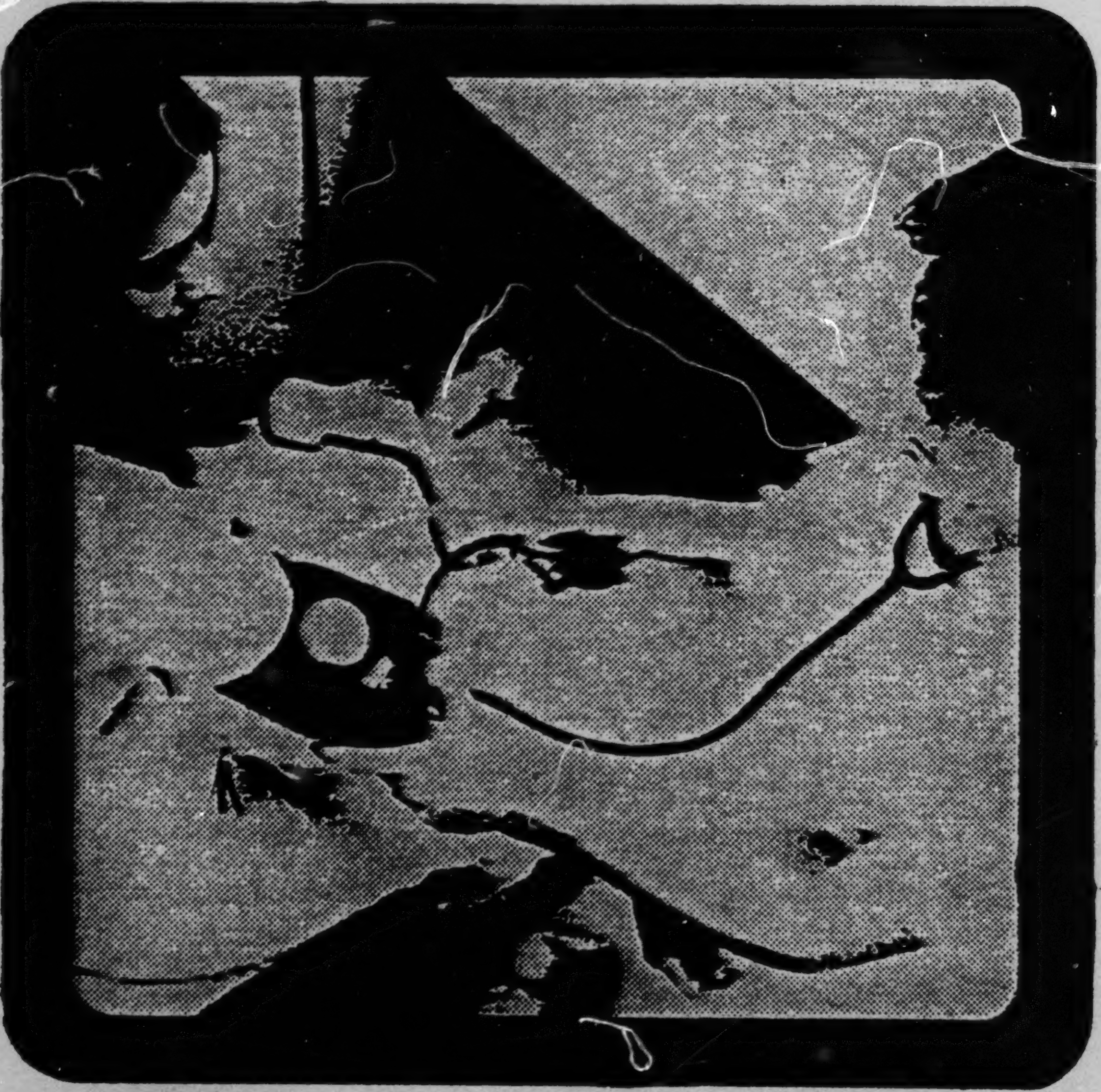
1. When is the recurrent turn bandage applied to a finger?
2. How can you check the circulation on the finger after this bandage is applied?
3. What instructions do you need to give the patient?

ANSWERS

1. When there is an open wound on the tip of the finger.

2. Ask the patient if the finger feels warm (numbness or coldness would indicate too tight a bandage). Feel the dressing to see that pressure was applied evenly.

3 Have the bandage changed if it becomes soiled or damp. Reinforce and clarify the doctors instructions.



medical assistant

unit: Bandaging

capital area career center

module: 4401 10 007 date: 9/77 level: II

skill title: Applying a Triangular Bandage as an Arm Sling

developed & written by: Judy Haga, R. N.

visuals by: Mary Ann Gamel

PERFORMANCE OBJECTIVE

You are going to learn:

How to apply a triangular bandage as an arm sling.

And in order to do this you will need:

A patient with an injury to a forearm or wrist.

A triangular bandage

A safety pin

We will know you can do it when:

1. You comfortably support the patient's arm in the arm sling with the hand 4" higher than the elbow and the thumb pointing upward.
2. You tie the knot to the side back area of the neck.
3. You hold the elbow secure with the closed safety pin and the sling looks neat.

INFORMATION

Read or review the following information: Bredow and Cooper, The Medical Assistant, 3rd Edition, pages 185-187.

American National Red Cross, First Aid Textbook, pages 105-113.

Brunner, Emerson, Ferguson, Suddarth, Textbook of Medical-Surgical Nursing, 2nd Edition, "Care of the Wound" and "Surgical Dressing Technique", pages 135-137.

Du Gas, Introduction to Patient Care, "Guides to Bandaging", page 301.

Use the triangular bandage to support and elevate the forearm and wrist after injury. Modification of this bandage is used for shoulder and upper arm injuries.

Use the arm sling to support and protect sprains to the wrist or fractures to the lower arm or wrist. If fractures occur, the sling is usually a temporary support measure until casting or other medical treatment can be given. Physician offices and hospitals often supply commercial slings that attach with velcro fasteners or buckles. There are many different designs, but the basic concept is the same. The sling supports and protects the arm and wrist. The sling must hold the hand and wrist about 4 inches higher than the elbow to prevent swelling in the fingers (caused by dependent drainage).

The bandage must extend beyond the wrist to support the hand. The strain would be put on an injured wrist, if the hand was drooping down over the edge of the sling.

If possible, have the patient hold their arm in position before you start the bandage. Work carefully and be gentle so as to not cause the patient unnecessary pain by bumping or jerking the injured area.

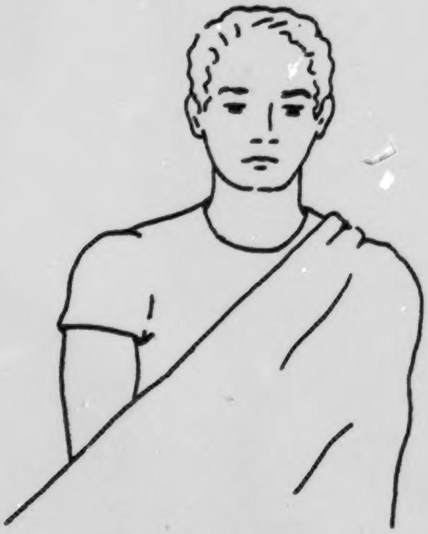
Check the fingers when you are done to assure that good circulation is maintained.

Be sure the upper arm is directly at the side, straight down from the shoulder and not pulled forward. This prevents strain of the shoulder and muscles of the back. When ever possible, try to maintain normal resting body alignment.

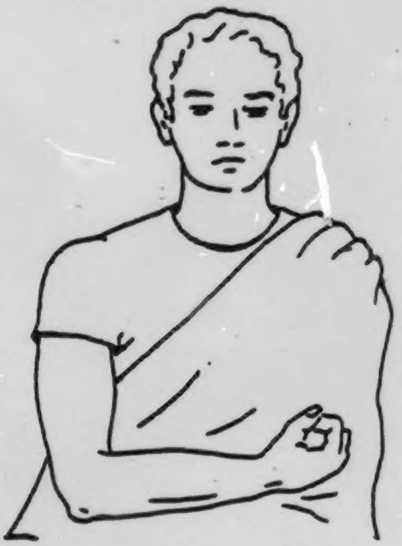
JOB STEPS

1. Collect your materials. Be sure you have done the assigned readings and read the information section.

2. Put the triangular bandage over the front of the patient with one end over the shoulder of the uninjured side. The other end should hang down parallel with the body, and the point of the triangle should be slightly below and behind the elbow of the injured arm.

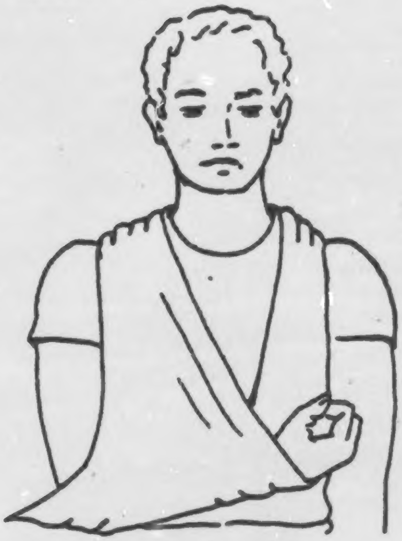


3. Have the patient put their injured arm across the bandage, elevating the hand and wrist.

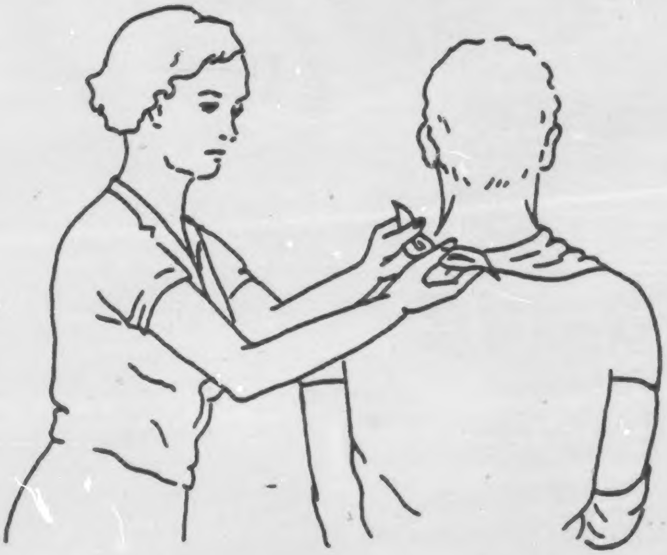


JOB STEPS

4. Pull the bandage end that is over the shoulder around beside the patient's neck.



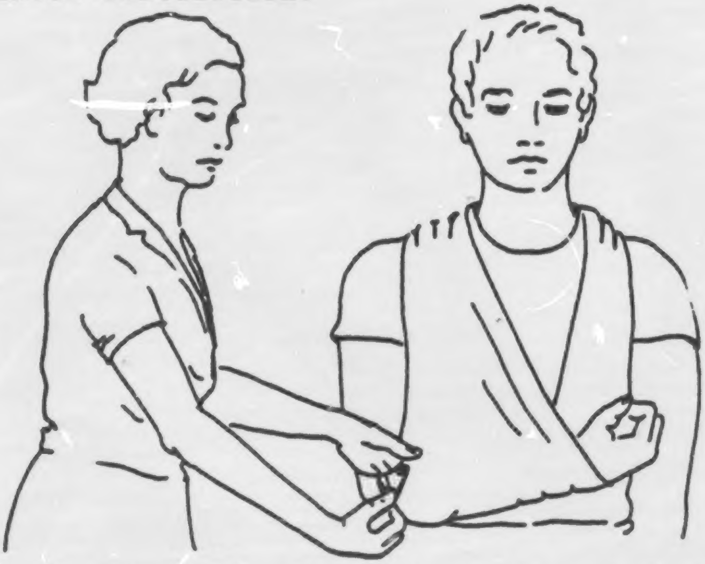
5. Lift the dangling end so that the sling holds the arm in a slightly elevated position. Tie the two ends together behind the neck, using a square knot so it won't slip.



JOB STEPS

6. Pull the triangular point around the elbow and pin to the front of the sling. This should be tight enough to keep the elbow from sliding out of the sling.

   NOTE: The patient's fingers must be extended and exposed so you can check circulation.



7. Be sure that the hand and wrist are at least 4 inches above the elbow, and that the upper arm and elbow are in line with the side, not pulled forward.

8. Check that the patient is comfortable.

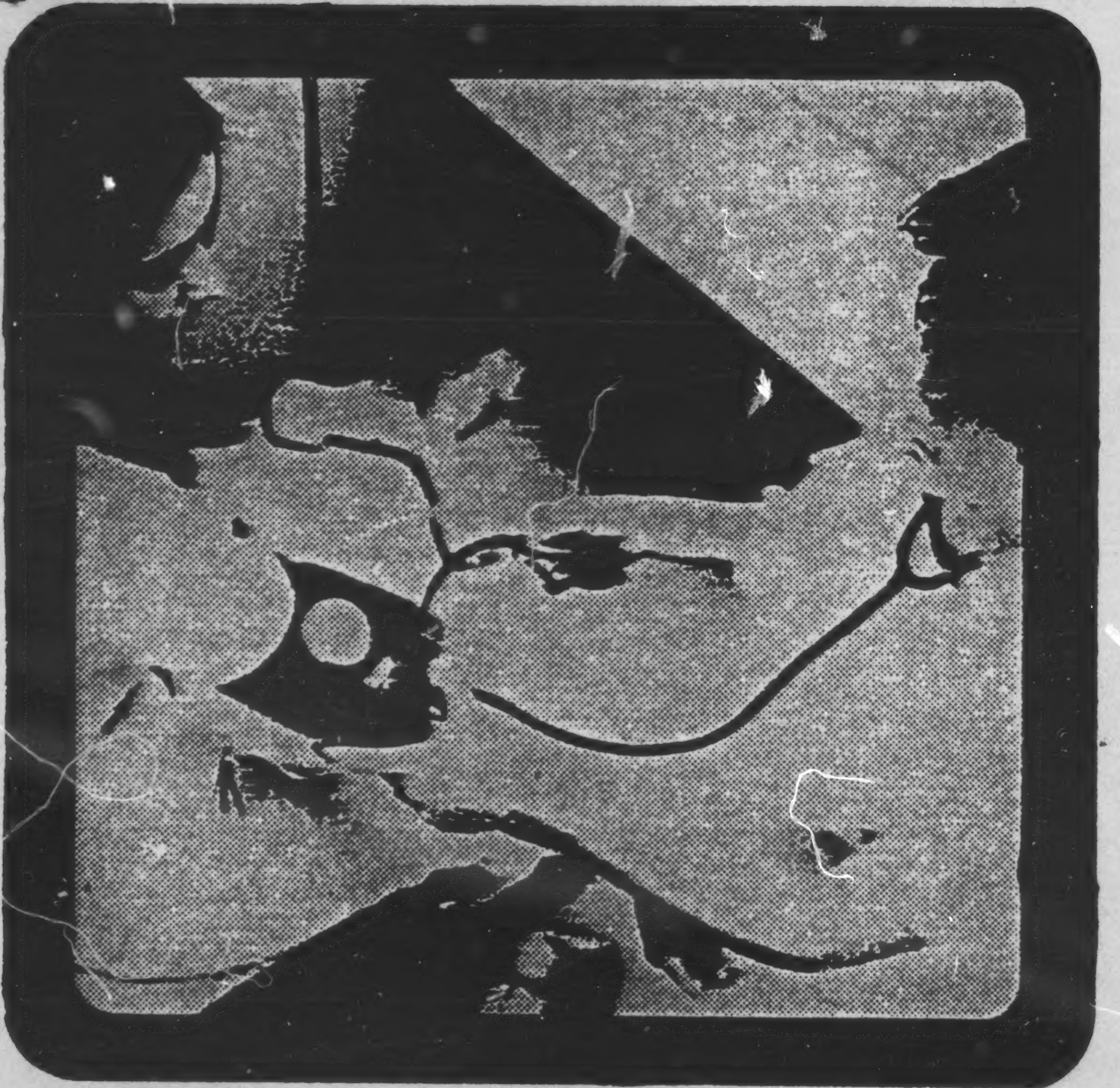
9. Practice this bandage with a classmate until you are ready to show your instructor.

QUESTIONS

1. What is the purpose of the triangular bandage?
2. What two parts of the arm need to be checked to assure correct alignment?
3. What kind of knot will prevent the sling from slipping?

ANSWERS

1. To support and protect injury to the lower arm and wrist.
2. The elbow at the side, the wrist 4" above the level of the elbow.
3. Square knot



medical assistant

unit: MEDICATION AND TREATMENT

capital area career center

module: 4401 11 002 date: 6/77 level: II

skill title: How to Find Medication Information in the P.D.R.

developed & written by: Beverly Varney

visuals by:

WORD GUIDE

P.D.R. - Physician's Desk Reference, an information book about drugs.

PERFORMANCE OBJECTIVE

YOU ARE GOING TO LEARN:

How to find medication information in the P.D.R.

AND IN ORDER TO DO THIS YOU WILL NEED:

P.D.R. (Physician's Desk Reference)

Set of problems to do

WE WILL KNOW YOU CAN DO IT WHEN:

1. You correctly answer all of the problems.
2. You can define the words in the word list.

WORD GUIDE

MANUFACTURER - Company which makes the product (drug).

BRAND NAME - The name the company gives to their product.

GENERIC NAME (jen-air-ick) - The chemical name for the drug.

INFORMATION

A P.D.R. is contained in every doctor's office. The P.D.R. lists detailed information about many drugs. It is broken down into several sections. The following is an example of the sections:

Pink section;

A. An alphabetical list of all the manufacturers who have drugs listed in the P.D.R.

B. Followed by an alphabetical listing of the drugs by brand name.

Blue section;

A list of the drugs classified by the drug's action.

Yellow section;

A list of drugs by their generic or chemical name. Several companies may manufacture similar drugs and use the same basic chemical, but the drugs are not exactly the same. For example, there are many hormone preparations made with estrogen. One of these is premarin. Everything listed in the yellow section under estrogen is not the same as premarin. Each item listed does contain estrogen. To find out if the drugs are the same, turn to the white section, and you will find the ingredients listed directly under the name of the drug.

Pictured section;

Contains pictures in the exact size and color of the pill, capsule, suppository, etc.

White section;

Complete information about each drug. The listings are alphabetical by company and then by drug.

WORD GUIDE

OINTMENT - Paste or cream to put on the skin.

INFORMATION

The following tips will help you locate information in the P.D.R.

If you know the brand name, look in the pink section for the name and then, turn to the listed page number. This will give you the detailed information listed in the white section.

If you know the drug's action (it's use) look in the blue section under that heading. This will provide you with a list of all the drugs used for that purpose. For instance, if the doctor prescribed an ointment for itching and wishes to change to a different one, look in the blue section under antipruritics (ant-eye-prew-rit-icks). This lists all drugs used to control itching.

If you know the chemical name and wish to find other drugs with the same chemical, look in the yellow section. If you look under the generic name, diphenylhydantoin sulfate (di-fee-nole-high-dan-toe-in) you will find that Dilantin is a common brand name. This section lists a page number next to the area where you can look up additional information contained in the white section.

If you know the manufacturer, the picture section is a quick way to identify a drug. The drugs are pictured alphabetically by company.

The following is an example of how this section might be used:

Mr. Kern comes to your office and shows you a capsule for which he needs the prescription refilled. The capsule is white with an orange band around the middle. Go to your file and pull Mr. Kerns record. The record indicates that the doctor has prescribed Enduron, Elavil and Dilantin. Look in the pink brand name index for each of these pills. If there is a black diamond-shaped mark next to the pill's name, it is pictured. You may also look at the picture page index to see if the drug is pictured. Which one of these three drugs does Mr. Kern want refilled?

WORD GUIDE

PRESCRIBED - Ordered for the patient to take.

SUBSTITUTE - Use in place of.

HEMORRHOIDAL - Pertains to enlarged blood veins around the rectum.

JOB STEPS

1. Collect your materials.

2. Begin at the front of the P.D.R. and familiarize yourself with each section; pink, blue, yellow, pictured and white.

3. Learn what information is contained in each section.

4. Using the P.D.R., complete the questions to the following situations. Write your answers on a separate sheet of paper. Do not write in this mod.

Questions:

A. The doctor has prescribed Apresoline hydrochloride for a patient. The patient calls to say he/she is out of it and ask permission to substitute Ser-ap-es. The generic name for Apresoline is Hydralazine Hydrochloride. Check in the generic (yellow) section to find if they are the same drug. Read the information on the two drugs in the product information section (white). Remember the ingredients are listed directly under the drug name. Can the patient substitute?

B. The doctor requests the name of a hemorrhoidal preparation made by Dome. Look in the Drug Classification Index (blue) section to find one. The company name is in parenthesis at the end of the drug name. Write the brand name of the preparation.

C. The doctor asks you to find out which manufacturer makes Sinutab. Look in the brand name (pink) section to find it. Write the name of the manufacturer.

JOB STEPS

D. The doctor asks you to find the name of an orange syrup which is an antihistamine and is made by Dorsey. See if you can figure this out yourself. If you are unable to do it by yourself, ask for help from your instructor. Description of the product is found in the "How Supplied" paragraphs in the white section.

E. A patient calls to say that her pain pills are a different color. She had grey and red capsules before, and now they are pink. You check the patient's chart and find she has been taking Darvon for pain. Check the color of Darvon. Could the pink and the grey and red capsules be the same? Why or why not?

5. Show your answers to your instructor.

medical assistant

unit: Medication and Treatment

capital area career center

module: 4401 11 003 date: 6/77 level: II

skill title: How To Classify Drugs

developed & written by: Beverly Varney

visuals by:

WORD GUIDE

CLASSIFY - Arrange in groups by use or action.

PERFORMANCE OBJECTIVE

You are going to learn:

How to classify drugs according to their effects on the body.

And in order to do this you will need:

Pencil

Paper

A set of drug flash cards with names of drug classifications on one side and an explanation or definition on the other side.

We will know you can do it when:

1. You can pronounce the terms for drug classifications.
2. You can read the classification definitions and then name the classification.
3. You can read the name of the classification and then tell the definition.

WORD GUIDE

PROCEDURE - A series of steps followed in a regular, definite order.

BLUE SHIELD - A medical insurance plan.

MEDICAID - A government sponsored medical assistance plan for needy people

CODES - A system of symbols (letters, numbers, words). In this mod, numbers which are given to a certain procedure.

MUCOUS MEMBRANE - The lining of body cavities like the nose, mouth, vagina.

INJECTED - Put in with a needle.

INFORMATION

As a Medical Assistant, you will be using drug names daily. To be more efficient at your job, you need to learn some things about medications. This information can be used to look up procedure codes in the Michigan Uniform Procedure Code Manual when you do Blue Shield and Medicaid billing.

The following list contains the most common drug classifications, their pronounciations and definitions.

ANALGESIC - (Ann-all-gee-zick) A medicine to relieve pain. Could be used to rub on the skin, as with a burn ointment or taken by mouth as aspirin, tylenol, empirin, vanquish etc.

ANESTHETIC - (Ann-ess-theh-tick) A drug which causes loss of feeling. There are four main kinds of anesthetics:

1. Topical - Sprayed or rubbed on the skin or mucous membrane.
2. Local - Injected into the tissue or a nerve to cause loss of feeling in a selected area.
3. General - Inhaled or injected into the vein (parenterally) which causes the person to lose consciousness. Produces a loss of feeling in the entire body.
4. Spinal - Injected into the spinal column (intrathecally) to produce loss of feeling in a selected area.

Some examples are Procaine, Novocaine, Pentothal, Surfacaine.

WORD GUIDE

ABUSED - Used for the effect, not for need.

ORGANISM - Any living plant or animal. Here it refers to bacteria and germs of all kinds.

INFLAMMATION - Redness, swelling, pain.

ASTHMA - A disease of the lungs causing labored breathing.

INFORMATION

ANTIANEMICS - (Ant-eye-ah-nee-micks - Anti - against, a - lack of, emia - blood, ic - pertains to). A drug which works against a lack of something in the blood, usually against a lack of iron in the blood. Some examples are Feosol, Fergon, Iberol, Mol-Iron, Hematinic, Vitron.

ANOREXICS - (Ann-or-x-icks) Drugs which produce loss of appetite. Some examples are the amphetamines, like Benzedrine, Dexamyl, Obotan. Others are non-amphetamine like Preludin, Tenuate, Sanorex. Drug abusers refer to Amphetamines as "uppers".

ANTACID - (Ant-ass-id) Drugs which work against acid in the stomach. Some examples are Maalox, Aludrox, Gelusil and Milk of Magnesia.

ANTIARTHRITICS - (Ant-eye-are-thri-ticks - Anti - against, arthro - joints, itis - inflammation, ic - pertains to). A drug which works against inflammation in the joints. Some examples are Aspirin, Cama, Decadron, Ecotrin, Cortisone.

ANTIBIOTICS - (Ant-eye-by-ah-ticks - Anti - against, bio - living organisms, ic - pertains to). Drugs which work against living, disease-producing organisms. Some examples are Penicillin, Achromycin, Streptomycin, Sulfa.

ANTIASTHMA - (Ant-eye-as-ma - Anti - against, asthma - asthma. A drug which works against asthma. Some examples are Arane and Intal.

ANTHELMINTICS - (An-thel-min-ticks - An - without, helminth - worm). A drug which works against worms in the intestines. Some examples are Antepar, Antiminth, Povan.

ANTICOAGULANT - (Ant-eye-co-ag-you-lant - Anti - against, coagulant - blood clotting). A drug which works against blood clotting. Some examples are Heparin, Coumadin, Dicumerol, Panwarfin, Sintrom.

WORD GUIDE

NAUSEA - The feeling of having to vomit.

INFORMATION

ANTICONVULSANT - (Ant-eye-con-vul-sant - Anti - against, convulsion - seizures cuased by uncontrolled muscle spasms affecting the whole body). A drug to work against convulsions. Some examples are Dilantin, Amytal Sodium, Valium, Mysoline, Tridione.

ANTIBACTERIAL - Also called Antiseptics - Anti - against, bacteria - germs). A drug which acts against bacteria. Some examples are Zephiran, Merthiolate, Garamycin, Neosporin, Furacin, Gantrisin, Thiosulfil.

ANTIDEPRESSANTS - (Ant-eye-dee-press-ants - Anti - against, depression - feeling "down", low in spirits). A drug which works against depression. Some examples are Tofraine, Elavil, Triavil Norpramin.

ANTIEMETICS - (Ant-eye-ee-met-icks - Anti - against, emesis - the produce of vomiting). A drug which works against nausea and vomiting. Some examples are Dramamine, Antivert, Compazine, Tigan, Emetrol, Vistaril.

ANTIHISTAMINE - (Ant-eye-hist-ah-mean - Anti - against, histamine - a substance which dialates blood vessels and increases the ability of blood vessel walls to be penetrated). A drug which works against histamine. When a person comes in contact with something they are allergic to, their body produces histamine. Histamine causes symptoms such as runny-nose, red eyes, and itching. Antihistamines work against these symptoms. Some examples are Actified, Benadryl, Demazine, Pyribenzamine, Triaminic.

ANTI-FLAMMATORY - (Ant-eye-in-flam-ma-tory - Anti - against, inflammation - redness, swelling, pain). See Antiarthritics, they are the same.

ANTIDIARRHEAL - (Ant-eye-dye-ah-ree-al - Anti - against, diarrhea - loose bowel movements). A drug which works against diarrhea. Some examples are Lomotil, Kaopectate, Donnagel, Parapectolin.

ATINEOPLASTICS - (Ah-tin-ee-oh-plastics) Sometimes referred to as anticancer drugs. They work against tumors. Examples are Cytosar, Estinyl, Leukeran, Oncovin, Tact, Thiotepa, Vercyte.

WORD GUIDE

INVOLUNTARY - Not controlled.

CONTRACTION - Tightening.

GASTRO-INTESTINAL - Having to do with the stomach and intestines.

URINARY - To do with the bladder and kidneys.

BRONCHI - The large passageways in the lungs.

INFORMATION

ANTIPRURITICS - (Ant-eye-prew-rit-icks - Anti - against, pruritis - itching). A drug which works against itching. These are often ointments or creams to put on the mucous membrane or skin. Some examples are Valisone, Celestone, Derma Medicone, Tacaryl, Temaril.

ANTISPASMODICS - (Ant-eye-spaz-mod-icks) or **ANTICHOLINERGICS** - (Ant-eye-coal-in-er-jicks) Anti - against, spasm - involuntary contraction of muscles). Drugs used against muscle spasms. Often they affect the gastro-intestinal muscles; they also work on urinary muscles. They are used for people who complain of "too much acid" in the stomach, of "stomach pain", of "spasms" of the bladder. Some examples are Belladenal, Butibel, Donnatol, Kolantyl, Librax, Pro-banthine, Cytospaz, Urispas, Urised.

ANTIDOTE - (Ant-ee-doat) Medicines or household mixtures such as egg white or lemon juice used to counteract poisons. The "universal antidote" is charcoal and can be obtained in powdered form and kept at home. It can be useful in almost all kinds of poisoning.

BRONCHODIALATORS - (Bronk-oh-dye-a-late-ors) Broncho - to do with the bronchi, dialator - to expand. A drug to help expand the bronchi. Some examples are Actifed, Bronkolixir, Isuprel, Morsodrine, Tedral.

WORD GUIDE

SERUM - Blood Serum from people who have built up an immunity to a disease.

TOXOID - A toxin (poison) treated by heat or chemicals to destroy the poison but still allow it to act as a vaccine.

ANTITOXIN - A kind of substance (antibody) produced when the body responds to the presence of a toxin.

VACCINE - A mixture of killed or weakened viruses, bacteria or other germs which is used to make a person resistant to that disease.

ANGINA - Severe chest pain caused by narrowing of the coronary arteries.

HYPOTENSIVES - Causing blood pressure to lower, also called anti-hypertensives.

VASODILATORS - Used to dilate the blood vessels.

VASOPRESSOR - Used to contract the blood vessels.

INFORMATION

BIOLOGICS - (Bio - life, ics - pertains to). Preparations made from living organisms and their products; includes serums, vaccines, antigens and antitoxins. Examples are Oral Polio Vaccine (OPV), Immune Serum Globulin (ISG), Tetanus Antitoxin, Mumps, Measles, Rubella Vaccine (MMR), Diptheria-Tetanus-Pertussis Toxoid (DTP), Diptheria-Tetanus Toxoid (DT). Usually these preparations need refrigeration to maintain freshness.

CARDIOVASCULAR DRUGS - (Car-dee-oh-vas-kew-lar - Cardio - heart, Vascular - blood vessels). Drugs which act on the heart and blood vessels. The following are examples of this drug:

a) Anti-angina - Drugs such as Isordil, Nitroglycerine, Peritrate, Sorbitrate.

b) Hypotensives - Crystodigin, Digitoxin, Lanoxin.

c) Vasodilators - Isordil, Papaverine, Peritrate, Antora, Theocalcin, Arlidin, Cerebid, Cerespan.

d) Vasopressors - Levophed.

WORD GUIDE

INTRAUTERINE - Inside the uterus.

EXCRETED - Passed out of the body.

IMITATE - Act like.

INFORMATION

CONTRACEPTIVES - (Con-trah-sep-tivs - Contra - against, Ception - new form). A drug or mechanical device used to prevent pregnancy. Examples are birth control pills, diaphragms, foams, creams, intrauterine devices (IUD), Prophylactic (condom).

COUGH and **COLD PREPARATIONS** or **DECONGESTANTS** and **EXPECTORANT** - Cough syrups, drugs which help to dry the mucous membrane of the nose and to shrink swollen tissues. They also help loosen mucous so it can be coughed up. Examples are Coricidin, Sinutab, Chloraseptic, Histadyl, Novahistine, Neo-Synephrine, Triaminic.

DIURETICS - (Dye-your-et-icks) Drugs which help to pull excess fluid from the tissues (edema). This fluid is excreted as urine. Examples are Aldactone. Diamox, Diuril, Enduron, Esidrix, Thiomerin.

HORMONES - (Hoar-moans) Drugs produced by the glands of the body or manufactured to imitate (synthetics) those produced by the body. Examples are Cortisone, Norlutrate, Progesterone, Estrogens, Menest, Aristospan, Haldrone, Kenolog, Provera.

HEMATINICS - (Hee-mah-tin-icks - Hema - blood, ics - pertains to). Drugs which help to replace something needed in the blood. Examples are Vitamin B12, Rubramin, Folic-acid, Fergon, Pramilets, Theragran, Reticulogen.

LAXATIVES - (Lax-ah-tives) Drugs taken to aid bowel movements. Examples are Effersyllium, Dialose, Gentlax, Peri-colace, Doctate. The drugs can also be in enema form such as Fleet enemas.

MUSCLE RELAXANTS - A drug which helps to relax muscles. Examples are Norflex, Robaxim, Soma, Valium.

WORD GUIDE

ABUSED - Used for their action only, not for medicinal purposes.

INFORMATION

NARCOTICS - (Nar-kot-icks) Narcotics produce stupor or sleep. By legal definition, they are habit-forming drugs such as Opiates, Heroin, Morphine, Codeine, Demerol. They (legally) can be obtained only by prescription and are closely controlled by federal, state and local laws. It is the Medical Assistants responsibility to be sure they are kept in a locked cupboard in the medical office.

SEDATIVES and HYPNOTICS - Drugs which calm a person and help to produce sleep. Examples are Quaalude, Seconal, Nembutal, Amytal, Doriden, Placidyl. The drugs are controlled the same as narcotics and should also be kept in a locked cupboard.

STEROIDS - (Steer-oyds) Drugs in the steroid group include male and female Sex Hormones, Vitamin D, Corticosteriods, and some bile salt preparations. Examples are progesterone, estrogen and cortisone.

STIMULANTS - (Stim-u-lant) Drugs which "pep" you up. Probably the most commonly used stimulant is caffeine in the coffee that most people drink. Other stimulants are nicotine, alcohol, amphetamines, cocaine, heroin. These drugs are widely "abused". There are certain stimulants which produce individual effects such as drugs used to stimulate the heart when it has stopped beating. These drugs should be kept in a locked cupboard.

TRANQUILIZERS or ATARACTICS - Drugs used to calm a person and to help them get rid of mental anxiety. Examples are Haldol, Atarax, Equamil, Librium.

Each drug package contains printed information about that particular medicine. When you start a job, save these inserts and read them. You could also start a file for quick reference.

JOB STEPS

1. Collect your materials.

2. Look at the first five drug classifications. Study the pronounciation, spelling and definition until you can remember all three.

3. Repeat job step 2 until you have completed the list of drug classifications.

4. Get the drug flash cards from file folder 4404 11 003. Have a classmate check you to see if you can pronounce, spell and define each drug.

5. To help you remember some parts of the drug classifications, complete the quiz on the next page. Write your answers on scrap paper.

6. When you think you know all the definitions, see your instructor.

DO NOT WRITE IN THE MODULE.

QUIZ QUESTIONS

1. Four kinds of drugs which should be kept locked in a cupboard are _______________, _______________, _______________, _______________.

2. Two kinds of controlled substance drugs are _______________ and _______________.

3. Vaccines, serums, toxoids are all _______________.

4. Biologics should be kept in a _______________.

5. Drugs which cause loss of feeling are _______________.

6. If you lack iron in your blood or are anemic, you need an _______________.

7. If you are overweight and eat too much, the doctor may prescribe an _______________.

8. Old people who have painful, red, swollen joints have _______________ and may be given _______________.

9. When you eat too much pizza, you may need an _______________.

10. Penicillin, Achromycin, Streptomycin and Sulfa are all _______________.

11. If you eat pork which was not thoroughly cooked, you may need an _______________ to get rid of worms.

12. The tubes used for hematocrits contain heparin, so the blood will not _______________. Heparin is an _______________.

13. Tranfer forceps are kept in Aqueous Zephiran to keep them sterile. Zephiran is an _______________.

14. Older people, who live alone, are sometimes depressed. The doctor may prescribe an _______________.

15. To control nausea and vomiting, some women need an _______________ when they are pregnant.

16. People who have allergies usually have to take _______________.

17. A person who has loose bowels would never take a _______________ but might need an _______________.

18. Sparrow Hospital is building a new Oncology (Cancer treatment) Center. Patients there will be given _______________.

19. Valisone cream is a topical antipruritic; you would use it to stop _______________.

20. Patient's who complain of spasms in their digestive organs might be given an _______________ or _______________.

21. Packages of harmful substances must have an _______________ printed on the label.

22. John drinks 10 cups of coffee a day! He says the caffeine is a _______________ for him.

23. If John doesn't stop drinking all that coffee, he may need a _______________ to calm him down.

24. Severe muscle spasms may require a _______________ _______________.

25. Antianemics and hematimics are used to treat something lacking in the ______________.

26. Hormones and ______________are almost alike.

27. You should not take a ______________ before you go on a long automobile trip with no rest stops.

28. There are a lot of T.V. ads for cough and cold remedies. These are usually ______________ or ______________.

29. IUD, BCP, foam and jelly are all kinds of ______________.

30. You should never use a vaso__________ and a vaso__________ at the same time.

31. Hypotensive and Anti-hypertensive mean the same; both are ______________ drugs.

32. Bronchodilators work on the ______________ which connects with the trachea and the ______________.

33. Go to the magazine resources and look for drug advertisements. List at least 5 drugs and their classifications.

Answers to the Quiz

1. Narcotics, Stimulants, Sedatives or Hypnotics and Tranquilizers.
2. Narcotics and Sedatives (or Hypnotics).
3. Biologics
4. Refrigerator
5. Anesthetics
6. Antianemic
7. Anorexic
8. Arthritis, Antiarthritics
9. Antacid
10. Antibiotics
11. Anthelmintic
12. Clot, Anticoagulant
13. Antibacterial or Antiseptic
14. Antidepressant
15. Antiemetic
16. Antihistamines
17. Laxative, Antidiarrheal
18. Atineoplastics

19. Itching

20. Antispasmodic or Anticholinergic

21. Antidote

22. Stimulant

23. Tranquilizer or Ataractic

24. Muscle Relaxant

25. Blood

26. Steroids

27. Diuretic

28. Decongestants, Expectorants

29. Contraceptives

30. Vasopressor vasodilator

31. Cardiovascular

32. Bronchi lungs

33. Instructor to check each individually

medical assistant

unit: Medication and Treatment

capital area career center

module: 4401 11 004 **date:** 6/77 **level:** II

skill title: How to Identify a Drug by Comparing it with Pictured Drugs in the P.D.R.

developed & written by: Beverly Varney

visuals by: Mary Ann Gamel

WORD GUIDE

P.D.R. - Physician's Drug Reference.

PRODUCT IDENTIFICATION SECTION - The picture section of the P.D.R.

MEDICATION - Any kind of medicine.

PERFORMANCE OBJECTIVE

YOU ARE GOING TO LEARN:

How to identify a medication by comparing it with the product identification section of the P.D.R.

AND IN ORDER TO DO THIS YOU WILL NEED:

Samples of medication

P.D.R.

WE WILL KNOW YOU CAN DO IT WHEN:

You can identify all of the medications by using the product identification section of the P.D.R.

WORD GUIDE

SOLUTE - Whatever is dissolved in a solution.

SOLVENT - What is used to dissolve the solute.

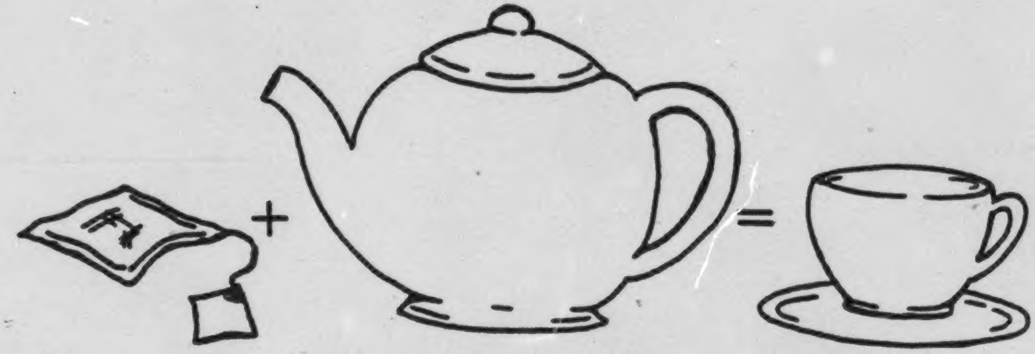
SOLUTION - A solute plus a solvent.

AQUEOUS - Having a water solvent.

TINCTURE, SPIRITS OR ELIXERS - Having an alcohol solvent.

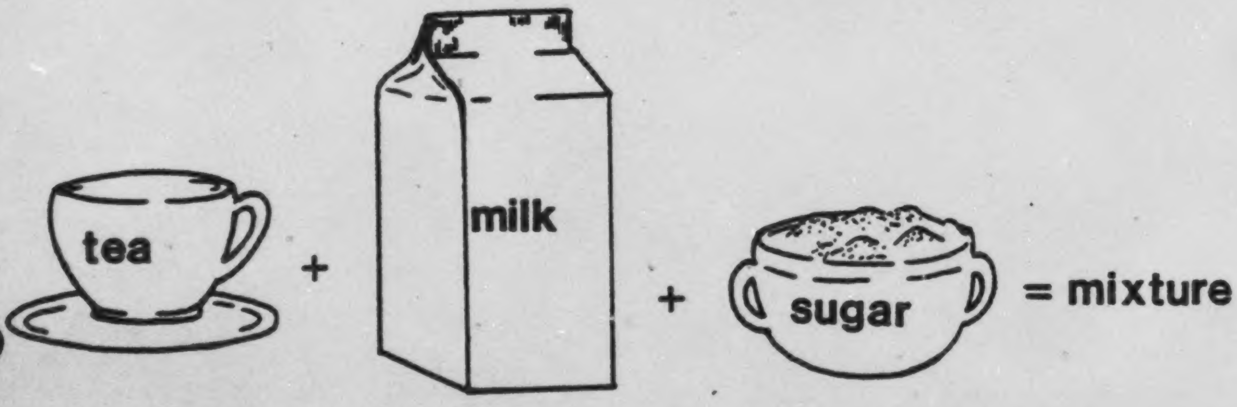
INFORMATION

Medicine can be prepared in different forms. It may be a liquid called a solution. A solution is composed of a solute plus a solvent.



Tea Leaves (solute) + Boiling Water (solvent) = Tea Solution

Solvents may be water (aqueous), a solution of sugar and water (syrup) or alcohol (spirits, elixers, tinctures). Other liquids can be mixtures (two solutions, solvents or solutes).

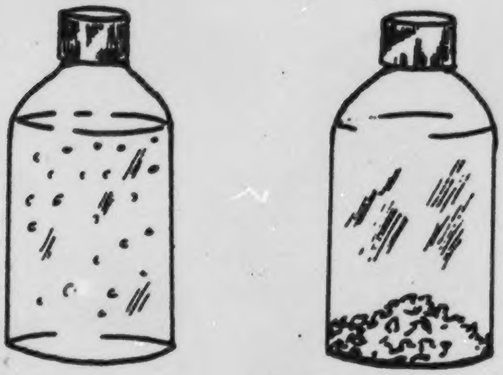


WORD GUIDE

LINIMENTS - A solution used to rub on the skin.

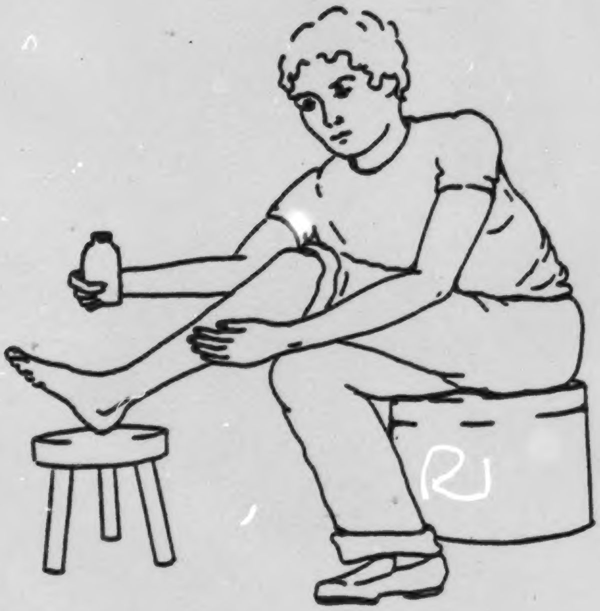
INFORMATION

Other liquids can be suspensions.



Suspensions appear to be mixed, but after a period of time, they separate with particles settling to the bottom.

Liniments



WORD GUIDE

INJECTED - Put in with a needle.

STERILE - Free from germs.

LOTION - A solution, mixture or suspension used to rub on the skin.

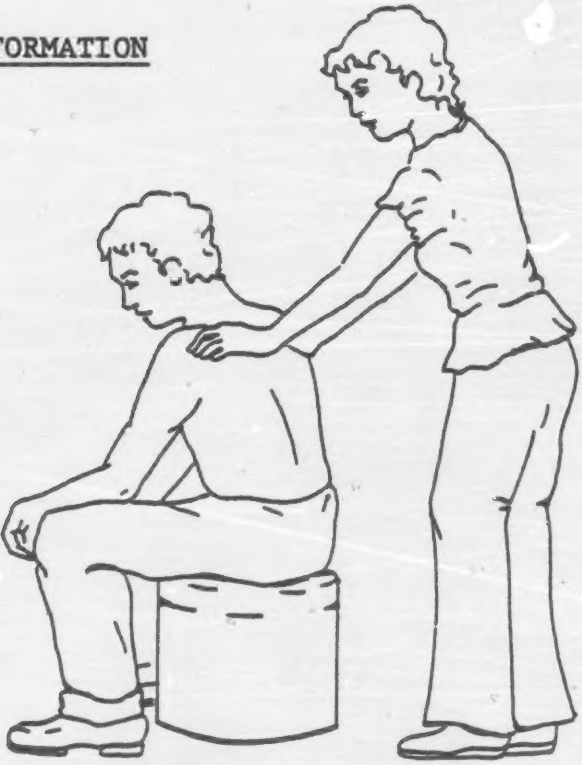
EXTERNALLY - Outside of the body.

INTERNALLY - Inside of the body.

SYRUP - Having a sugar water solvent.

INFORMATION

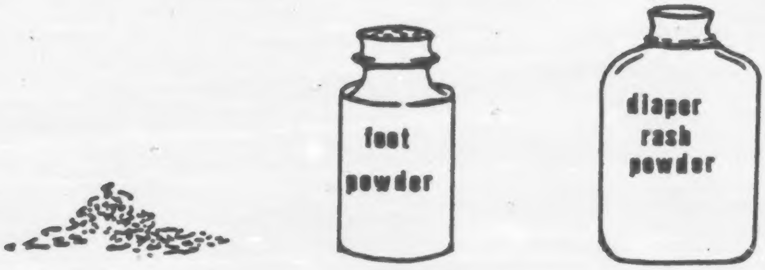
Lotions

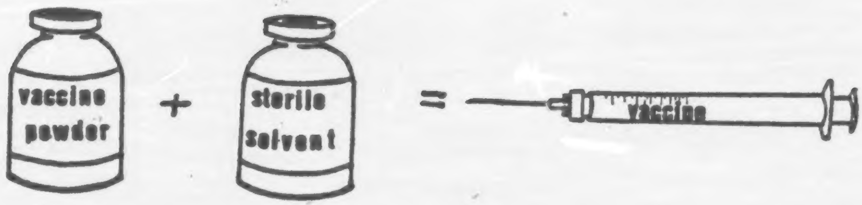


Some liquids can be used externally like lotion and liniment. Others can be taken internally like cough syrup. Still, others can be injected under the skin or into the muscle (these must be sterile).

INFORMATION

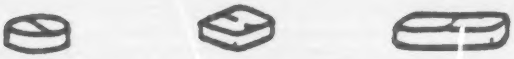
There are, of course, many other kinds of medicines.


foot
powder
diaper
rash
powder


vaccine
powder
+
sterile
solvent
=
vaccine

Some tablets or pills are coated with a hard shell. Others are uncoated or plain. Some special coatings do not dissolve until they reach the intestines so that the medicine can't irritate the stomach lining.

Tablets and pills can be dissolved in a solvent to make a solution for internal and external use. Most of the time, they are swallowed (taken internally).



Pain pills
Vitamins
Most medicines

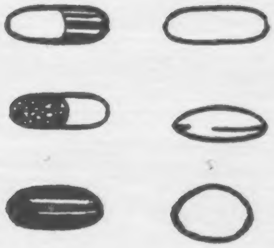
WORD GUIDE

LAXATIVES - A medicine to cause a bowel movement.

ANTIBIOTICS - A medicine to fight infection.

INFORMATION

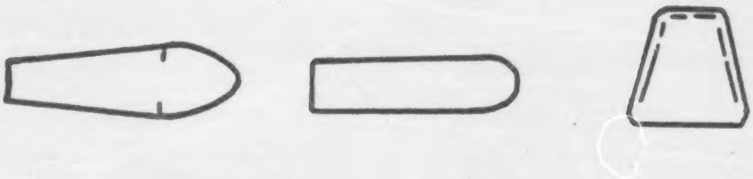
Capsules



Laxatives
Sleeping pills
Antibiotics
Vitamin E

Most of the time, capsules are taken internally.

Suppositories



Vaginal Inserts
Rectal Medications

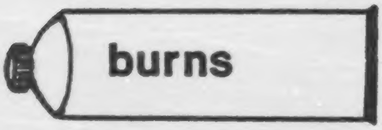
Suppositories are inserted into body openings, either the rectum or the vagina.

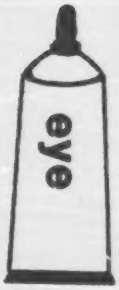
WORD GUIDE

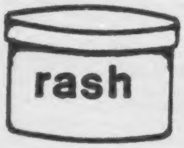
MUCOUS MEMBRANE - The tissue which lines body cavities.

INFORMATION

Ointments

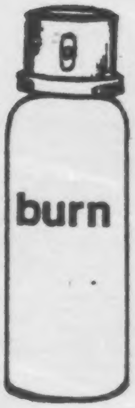


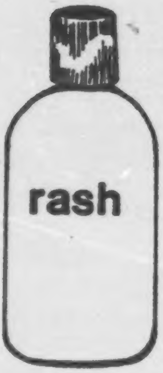




Ointments are used externally on skin and mucous membrane.

Sprays





Sprays are used in the same way as lotions, powders and ointments. The only internal sprays are used for sore throats.

JOB STEPS

1. Collect your materials.

2. Take the samples of medication and look to see if it is stamped with a manufacturer's name.

3. Take the P.D.R. and turn to the product identification section.

4. If you found a manufacturer's name, turn to the section of products made by this manufacturer.

5. Compare this medication to the pictures of medication until you find the matching one.

6. If there is no manufacturer's name, look through the entire picture section until you find a matching medication.

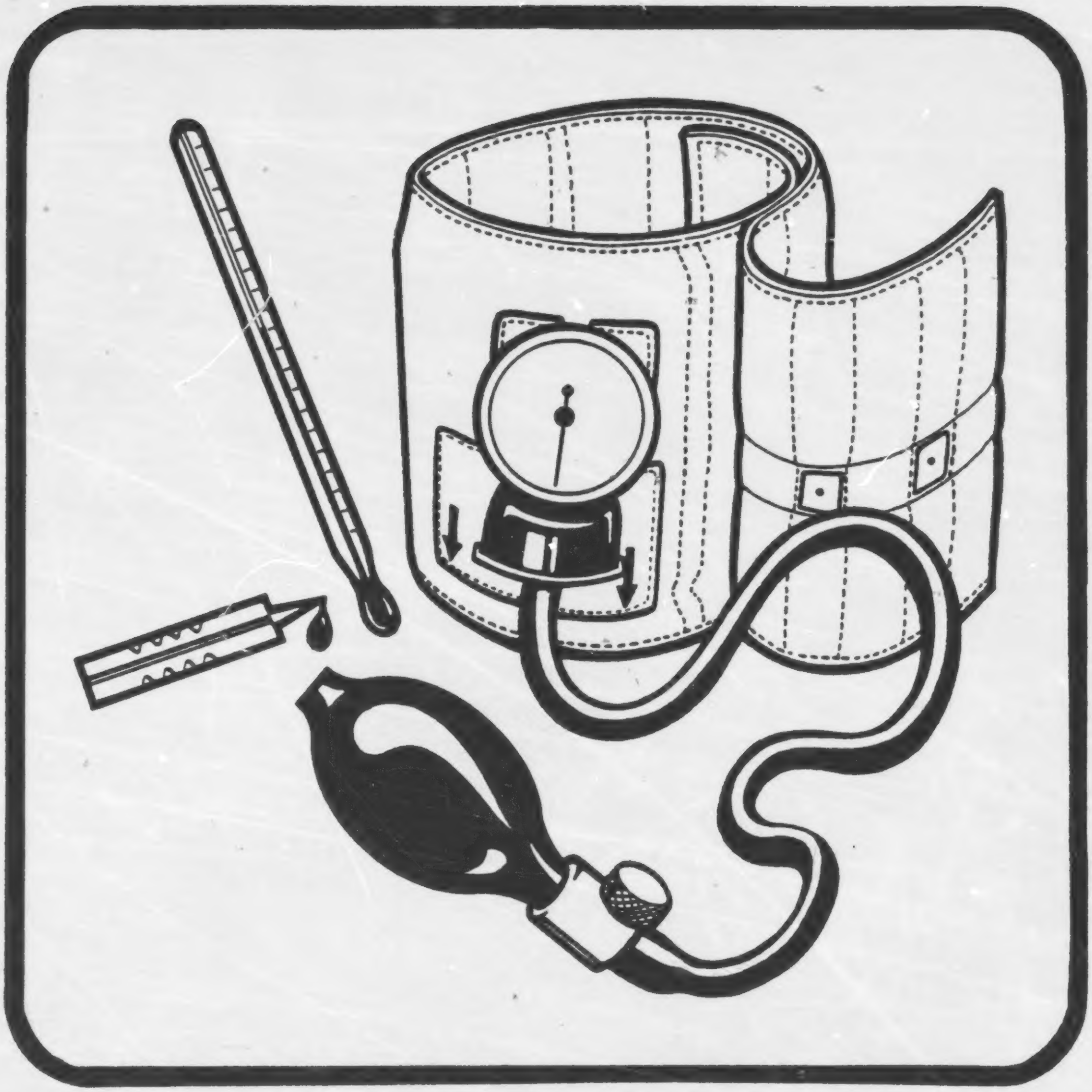
7. Write down the name of the medicine.

8. With each sample medication, repeat job steps 2 through 7.

9. Write your answers on scratch paper. Then, check your answers with your instructor.

10. Be able to define the following words and tell how these medicines are used:

    Solute
    Elixer
    External
    Tablet
    Ointment
    Solvent
    Spirit
    Lotion
    Pill
    Spray
    Solution
    Mixture
    Injected
    Internal
    Coated
    Tincture
    Suspension
    Sterile
    Powder
    Uncoated
    Aqueous
    Liniment
    Suppository
    Capsule



medical assistant

unit: MEDICATION AND TREATMENT

capital area career center

module: 4401 11 005 date: June 1977 level: III

skill title: How to Read, Write and Phone in a Prescription

developed & written by: Beverly Varney

visuals by: Mary Ann Gamel

WORD GUIDE

PRESCRIPTION	A written drug order to be purchased at a pharmacy.
PHARMACY	The store where prescription drugs are sold.
PHARMACIST	A college graduate with special training to dispense drugs.

PERFORMANCE OBJECTIVE

YOU ARE GOING TO LEARN:

How to write and phone in prescriptions and explain them to the patient.

AND IN ORDER TO DO THIS YOU WILL NEED:

Samples of drug requests for prescriptions

Paper

Pencil

Phone

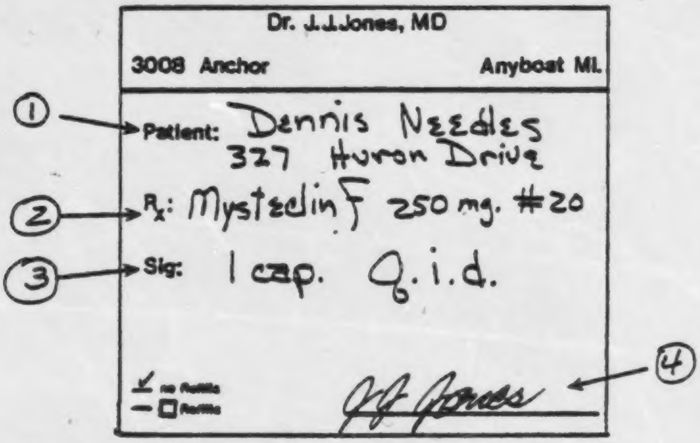
WE WILL KNOW YOU CAN DO IT WHEN:

1. You correctly write the drug request in prescription form.
2. You correctly interpret the directions on the sample prescription.
3. You can phone in the sample prescriptions to your instructor as you would to a pharmacist.

INFORMATION

Before you begin, review module 4401 02 002. To complete this module, you will need to know many of the abbreviations listed in that module.

Written prescriptions look like the following example :



Dr. J.J.Jones, MD

3008 Anchor Anyboat MI.

Patient: Dennis Needles
327 Huron Drive

Rx: Mysteclin F 250 mg. #20

Sig: 1 cap. q.i.d.

✓ no Refills
— ☐ Refills

JJ Jones

All prescriptions have the following basic parts:

1. Patient's name and address.
2. What to take (Rx).
3. How to take or use the drug (Sig).
4. The doctor's signature.

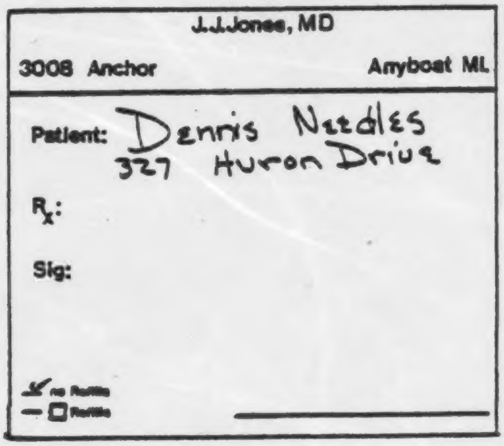
The Medical Assistant has three kinds of prescription responsibilities.

1. You may have to write a prescription for the doctor to sign.
2. You may have to explain to the patient how to use/take the prescribed medication.
3. You may have to phone the pharmacy to give the pharmacist a patient's prescription (at the doctor's request).

INFORMATION

When the doctor asks you to write a prescription for a patient, you will use a blank like the one shown in the sample. The blanks should be available only to the doctor and the Medical Assistant; otherwise, a person who wishes to illegally purchase drugs could forge the doctor's signature on the prescription blank. When you write out a prescription for the doctor to sign, you will follow these steps:

1. Write the patient's name and address in the space provided.



J.J.Jones, MD

3008 Anchor Anyboat MI.

Patient: Dennis Needles
327 Huron Drive

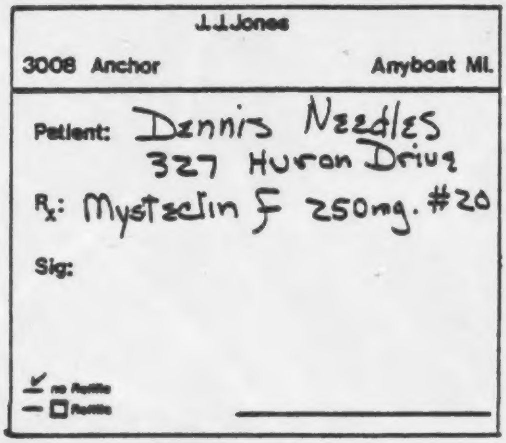
Rx:

Sig:

✓ no Refills
— ☐ Refills

Fig. 1

2. Write the name of the drug, the size of the individual capsule, tablet or other type medication and the amount to be given after the Rx symbol.



J.J.Jones

3008 Anchor Anyboat MI.

Patient: Dennis Needles
327 Huron Drive

Rx: Mysteclin F 250mg. #20

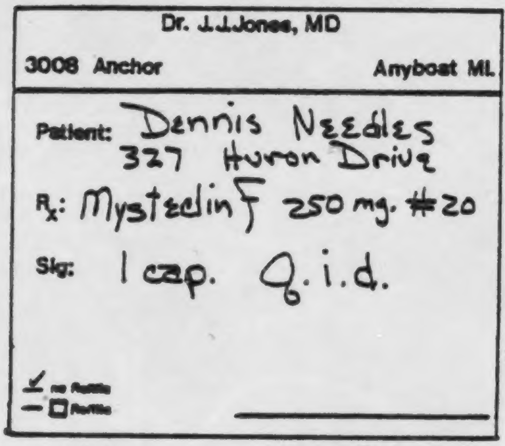
Sig:

✓ no Refills
— ☐ Refills

Fig. 2

INFORMATION

3. Write the directions for use after the Sig: on the prescription blank.



Dr. J.J.Jones, MD

3008 Anchor Anyboat MI.

Patient: Dennis Needles
327 Huron Drive

Rx: Mystеclin F 250 mg. #20

Sig: 1 cap. q.i.d.

✓ no Refills
— ☐ Refills

Fig. 3

4. Recheck everything you write for accuracy and correct spelling.

5. Give prescription to the doctor for his signature.

Fig. 4

6. Give the prescription blank to the patient.

To explain to a patient how to use or take a drug, follow these steps:

1. Look at the prescription. Read the drug name after the Rx.

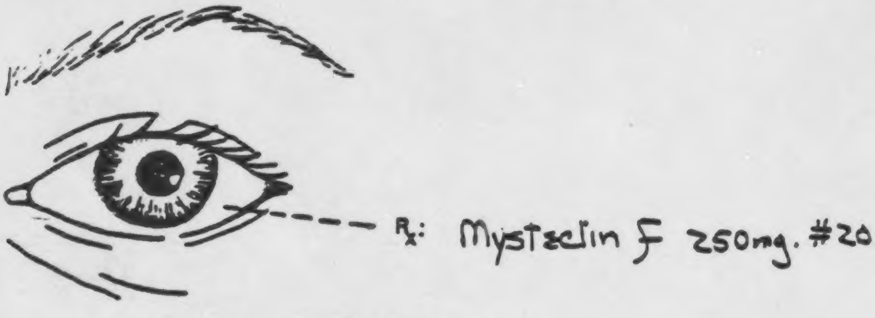


Fig. 5

INFORMATION

2. Tell the patient what the name of the drug is.

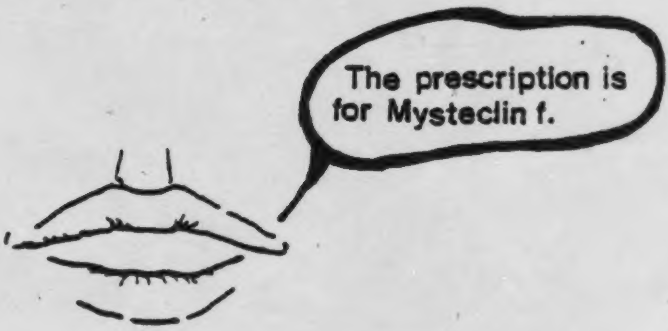

The prescription is for Mysteclin f.

Fig. 6

3. Look at the prescription. Read the directions after the Sig:

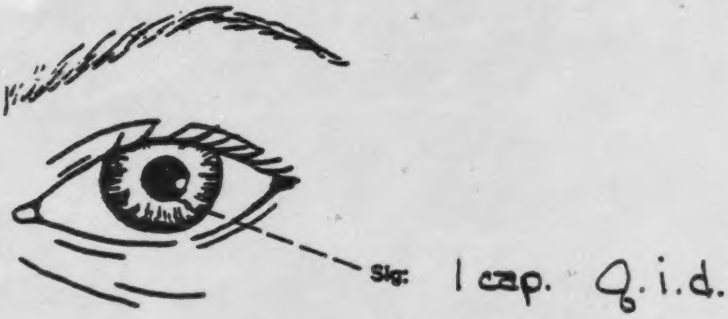

Sig: 1 cap. q.i.d.

Fig. 7

4. Tell the patient how to take/use the drug.

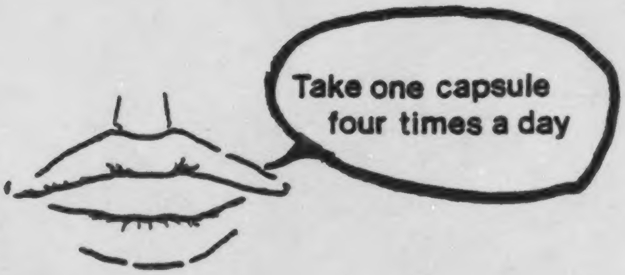

Take one capsule four times a day

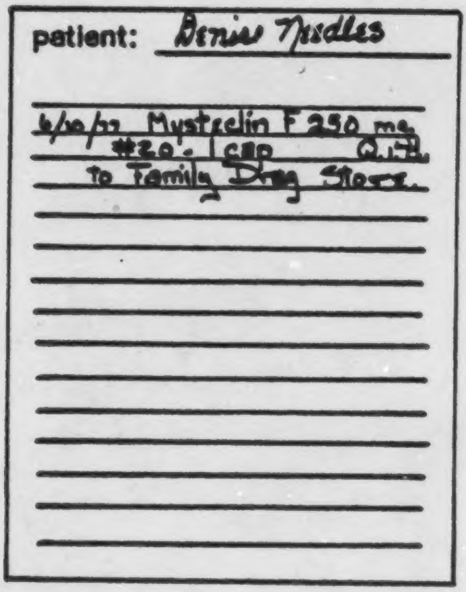
Fig. 8

INFORMATION

5. Give the prescription back to the patient.

When you are asked to phone in a prescription to the pharmacist, follow these steps:

1. Write down what the doctor tells you to order.
2. Repeat the order back to the doctor.
3. Ask which pharmacy to call. Patient's often request a particular pharmacy to fill their prescription. Inform the doctor if the patient makes a request. If the doctor says it is all right, call that pharmacy. This is a common procedure for refills.
4. Call the store and ask for the pharmacist.
5. When the pharmacist answers, say: "This is Bob from Dr. Jones' office. I have a prescription for Dennis Needles. Give him twenty Mysteclin F, 250 milligrams. Have him take one capsule q.i.d." Pharmacists know all the medical abbreviations, so it is not necessary for you to say: " four times a day."
6. On the patient's chart, note the drug's name, the amount, the directions, and the pharmacy.



patient: Dennis Needles

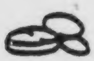
6/10/82 Mysteclin F 250 mg.
#20. 1 cap Q.i.d.
To Family Drug Store.

Fig. 9

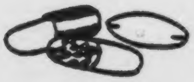
INFORMATION

Drugs can be taken in several different ways:

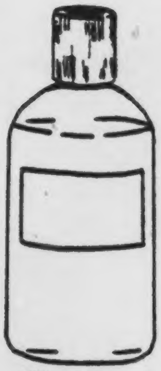
A. By mouth (per ora).



pills

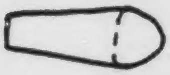


capsules

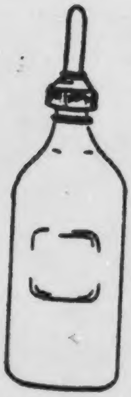


liquid

B. By rectum (per rectum).

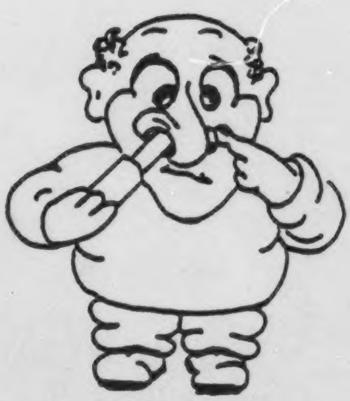


suppository



fleets enema

C. Inhaled (inhalation).

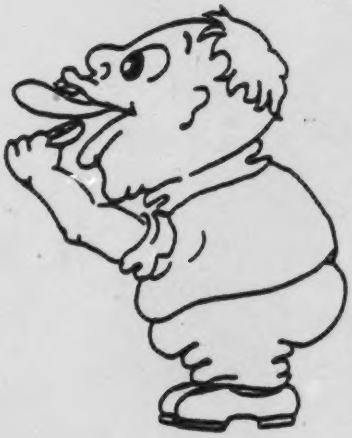


WORD GUIDE

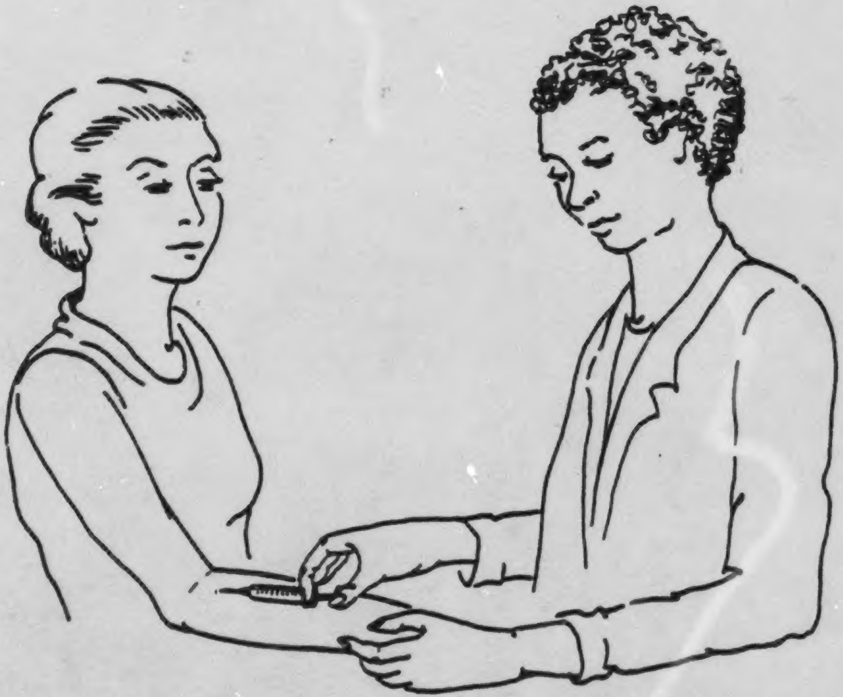
PARENTERALLY - Into the vein, IV, or intravenous.

INFORMATION

D. Dissolved under the tongue (sublingual).



E. Injected (parenterally).



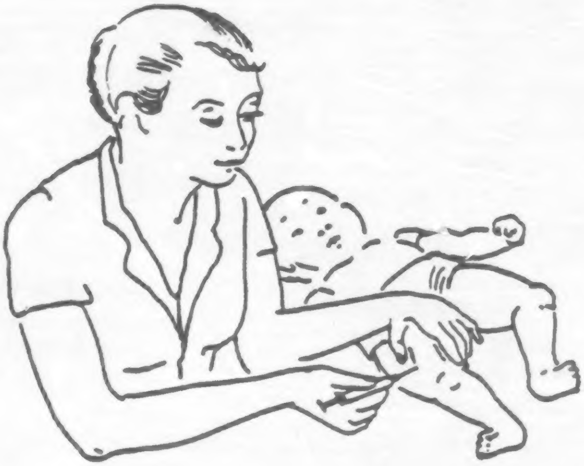
WORD GUIDE

INTRAMUSCULARLY - Into the muscle.

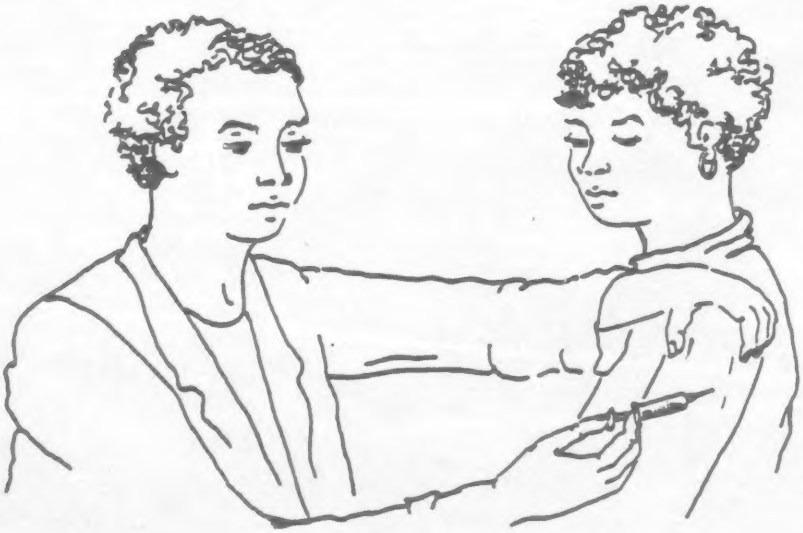
SUBCUTANEOUS - Under the skin.

INFORMATION

F. Intramuscularly.



G. Subcutaneously.



WORD GUIDE

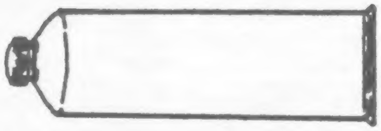
MUCOUS MEMBRANE - The surface lining of the body which opens to the outside, such as in the mouth, in the nose, in the vagina, in the rectum.

TOPICALLY - On the skin.

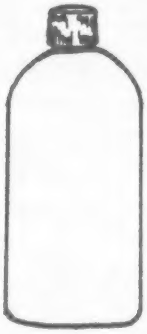
INFORMATION

H. Intrathecally (or into the spinal column).

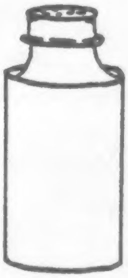
I. Used locally.



ointment

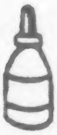


linement

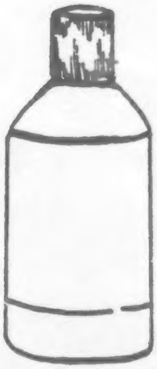


foot powder

gargle

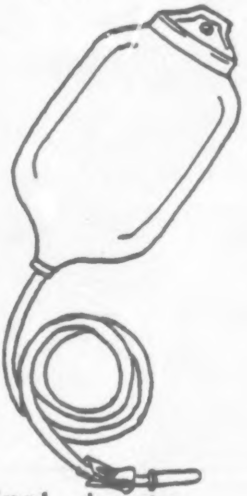


eye drops



mouth wash

vaginal tablet



vaginal douche

You must continue to learn how medicines are used, so you will always be sure to give the correct information.

JOB STEPS

1. Collect all materials. Be sure you carefully read through the information section of this module.

2. On scratch paper, write a prescription, for each of the following situations. You will need to draw a rough outline for a prescription blank.

   A. Give Colleen Armstrong, 729 Peggy Lane, enough Gantrisin tablets of 1/2 gram size so that she can take two grams four times a day, for two days, then take one gram a day for two days, then take 1/2 gram a day for 10 days.

   NOTE: Write these directions in numbers of tablets, not in grams.

   B. Have Henry Roberts, 3946 South Lagoon Street, get four ounces of Elixer of Benadryl. Have him take a teaspoonful every four hours as needed for itching. Refill as necessary.

   C. Give Ginny White, 1601 South Sumter, Hydromox tablets. Have her take two before breakfast each day for seven days, then take one tablet a day for seven days.

3. Have your instructor role-play a patient. Explain to the patient how to use/take the following medicines.

   A. Rx: Medicone Rectal Suppositories #12.
   Sig: one bid for 3-6 days.

   B. Rx: Tglenal with Codeine Elixer, 4 oz.
   Sig: one tsp. q 4-6 h prn cough.

   C. Rx: Minipress Capsules 2 mg #40.
   Sig: one cap. tid.

4. Have your instructor role-play a pharmacist. Call for the following prescriptions: (you work for Dr. J. J. Jones).

   A. Call Family Drug for John Singer. Order Mylicon 80, #50, one qid, pc and hs.

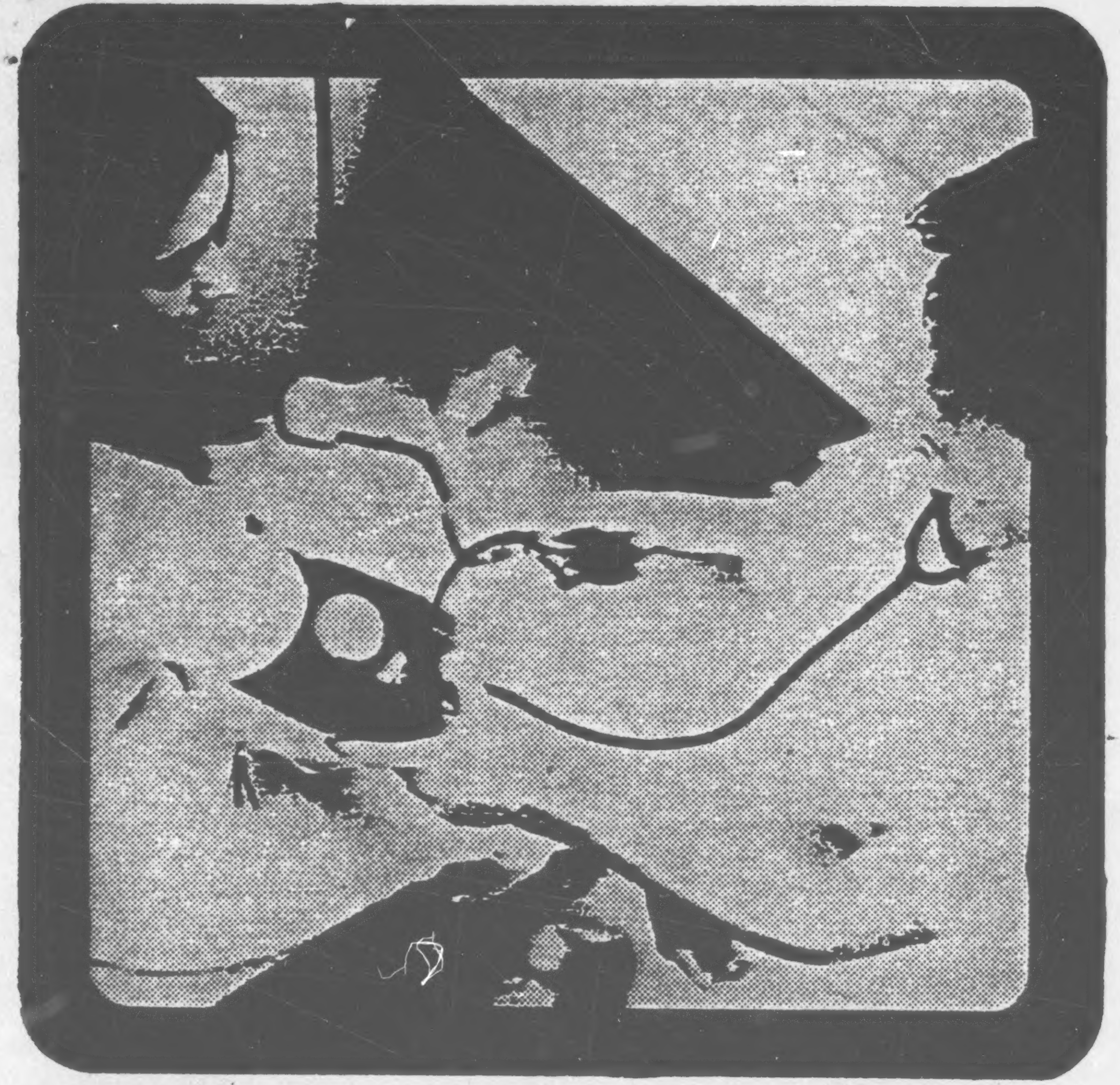
JOB STEPS

A. Call Pleasant Pharmacy for Peter Bremer. Order Isordil Chewable tablets, 10 mgm, to be used pen for angina attacks.

Call Family Drug for Collete Jay. Order Bactrim DS #28, take one bid for 14 days.

5. Be prepared to discuss the answers to the following questions:

    1. Name 10 ways in which drugs are given to (or taken by) the patient.
    2. What does sublingual mean?
    3. What does subcutaneous mean?
    4. What does intramuscular mean?
    5. What does intrathecally mean?
    6. What does parenterally mean?
    7. Tell the meaning of qid, tid, bid.
    8. Tell the meaning of q2h, q4h, qd, qod.
    9. Tell the meaning of prn, po.
    10. Tell the meaning of ac, pc, hs.



medical assistant

unit: MEDICATION AND TREATMENT

capital area career center

module: 4401 11 006 **date:** 6/77 **level:** II

skill title: How to Draw Medication from a Vial into a Syringe

developed & written by: Beverly Varney

visuals by: Sandra Gostomski

WORD GUIDE

VIAL - A glass container for sterile liquid

G - Gauge, size of the needle.

PERFORMANCE OBJECTIVE

YOU ARE GOING TO LEARN:

How to draw medication from a multiple dose vial into a syringe.

AND IN ORDER TO DO THIS YOU WILL NEED:

Vial of sterile water

1cc syringe with a 25g x 5/8" needle

3cc syringe with 23g x 1" needle

5cc syringe with 22g x 1½" needle

10 syringe with 22g x 1½" needle

Cotton balls

Alcohol dispenser

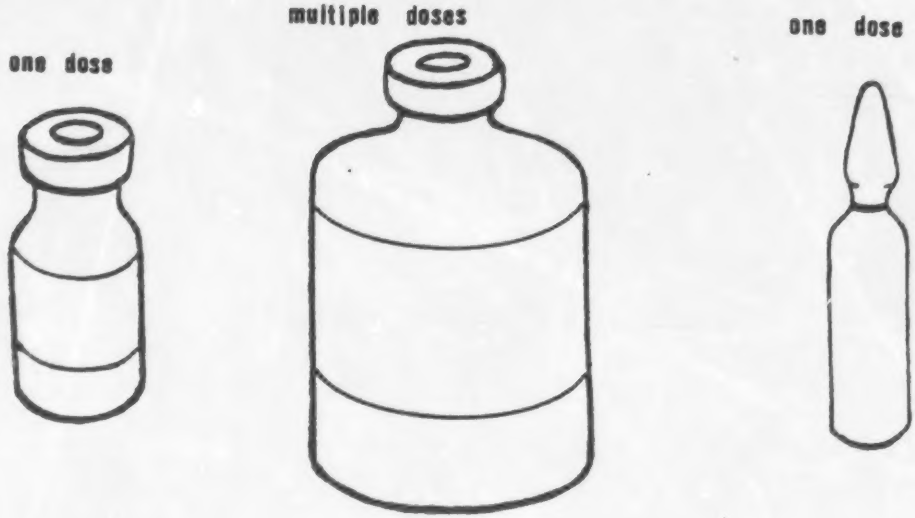
Wastebasket

WE WILL KNOW YOU CAN DO THIS WHEN:

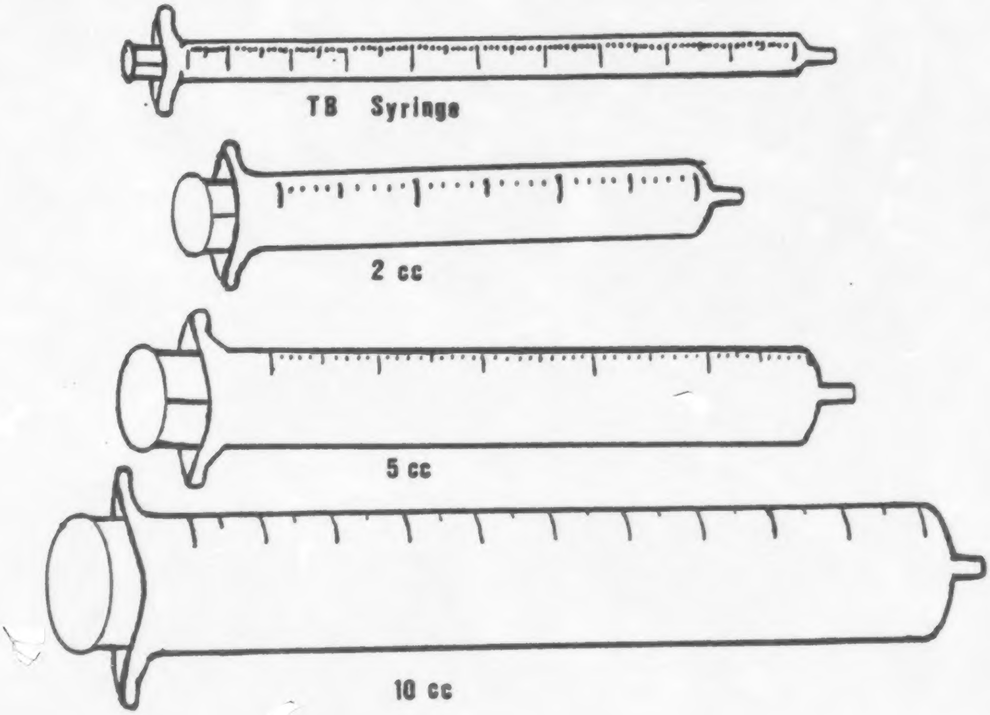
1. You wipe vial top with alcohol.
2. You hold vial upside down to withdraw the solution.
3. You draw out the correct amount of solution into the syringe.
4. You remove any air bubbles before using the medication.
5. You put on needle guard until the injection is given.
6. You keep needle, syringe, and the inside of the vial sterile.

INFORMATION

Liquid medications come in different kinds of sterile containers. The containers are usually made of glass. They may contain only one dose or many doses of the medication.


one dose
multiple doses
one dose

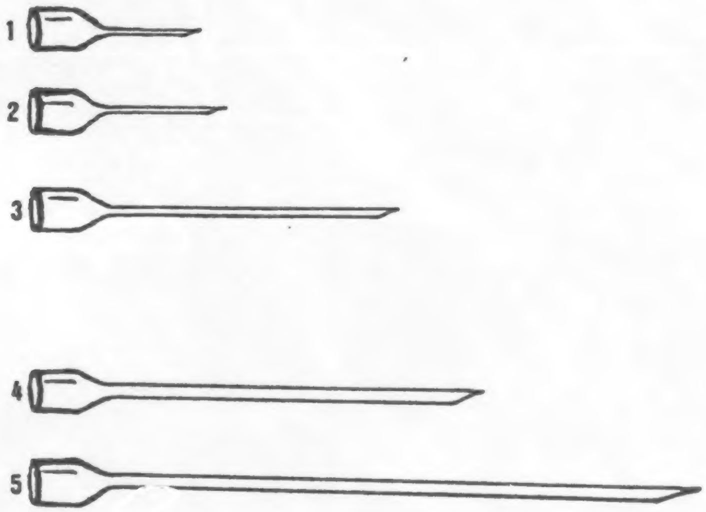
Syringes come in various sizes. The following are the most common syringes.


TB Syringe
2 cc
5 cc
10 cc

INFORMATION

Needles also come in various sizes. The required size of the needle is determined by the depth of the medication given, the concentration of the solution, the size of the patient and the method of administration. You give injections in the following ways:

1. Into the skin layers (intradermal)
2. Under the skin (subcutaneous or "sub Q")
3. Into the muscle (intramuscular or "IM")
4. Into the veins (intravenous or "IV")
5. Into the spinal column (intrathecal)



Even though you are not taught to give injections, you may be asked to fill a syringe for the doctor. Check with the doctor to see what size syringe and needle he/she wants. The following are the most commonly used needle sizes:

3/8" long 25 gauge for intradermal

5/8" long 25 gauge for subcutaneous

1" long 22 gauge for subcutaneous and/or for intramuscular

1¼" to 1½" long 22 gauge for intramuscular or intravenous

1¼" to 1½" long 20 gauge for intramuscular or intravenous

1¼" to 1½" long 18 gauge for intravenous and drawing blood

JOB STEPS

The syringe size depends on the amount of medication given.

Liquid measurements for medications are indicated in metric measurement cubic centimeters. The abbreviation cc is usually used. Syringes are made to measure from .01cc to 50cc. A tuberculin or 1cc syringe is used for amounts from .01cc to 1cc. A 2½cc to 3cc syringe is used for amounts from 1cc to 3cc. A 5cc syringe can be used for 1cc through 5cc. A 10cc syringe is used for 1cc through 10cc. Smaller syringes are less expensive, so always use the smallest syringe you can.

JOB STEPS

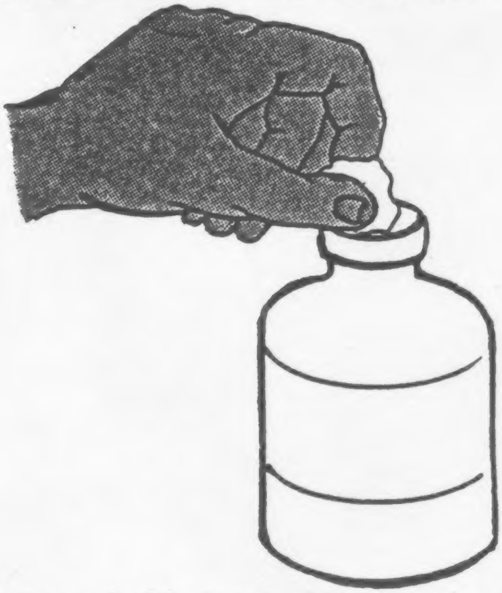
1. Gather your equipment and go to your work area.

2. By peeling the paper wrapper, open one sterile syringe and needle.

3. Throw the paper wrapper into the wastebasket.

4. Take a cotton ball and saturate it with alcohol.

5. Using a saturated cotton ball, firmly wipe the top of the vial.



6. Throw cotton ball into the wastebasket.

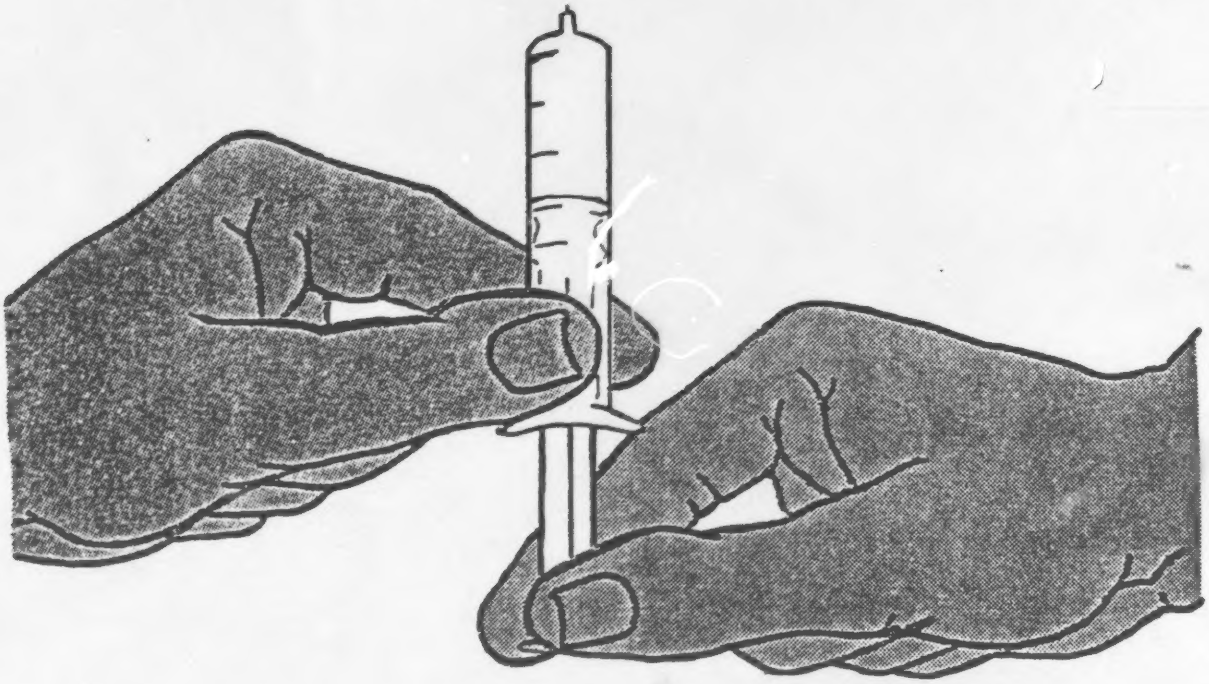
7. Twist the needle to your left to be certain the needle is tightly secured onto the syringe.

8. Remove the plastic needle guard from the syringe.

JOB STEPS

9. Hold the barrel of the syringe in your left hand.

10. Using your right hand, take hold of the tip of the plunger. Pull it back until the inner end of the plunger is even with the line marked 1 cc on the barrel.



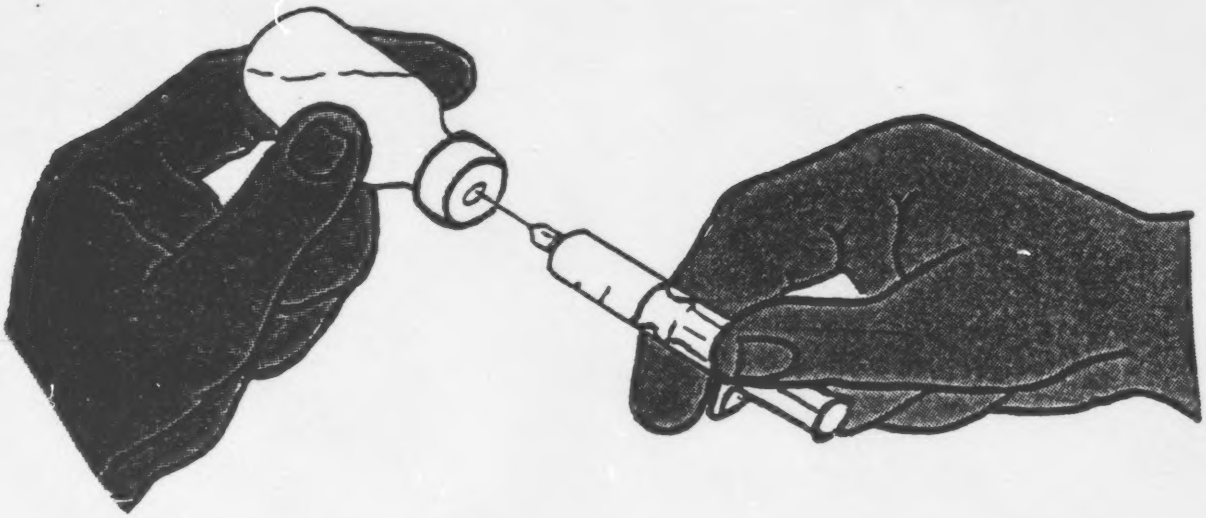
11. Hold the syringe barrel in your right hand. Then, pick up the vial in your left hand.

12. Gently shake the vial to mix the liquid.

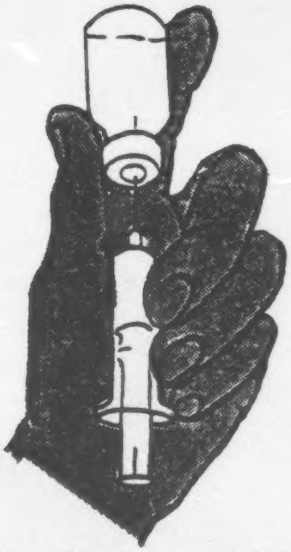
13. Turn the vial upside down.

JOB STEPS

14. Holding the vial firmly in your left hand, insert the needle into the vial.



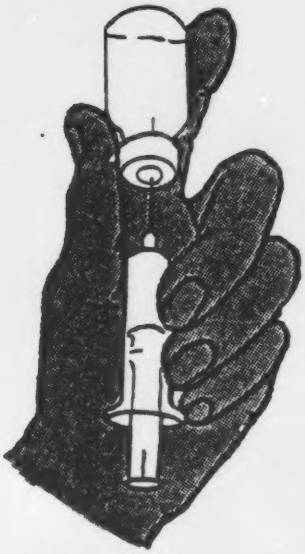
15. Hold the vial and the syringe barrel with your left hand.



16. Using your right thumb, push the plunger completely into the barrel.

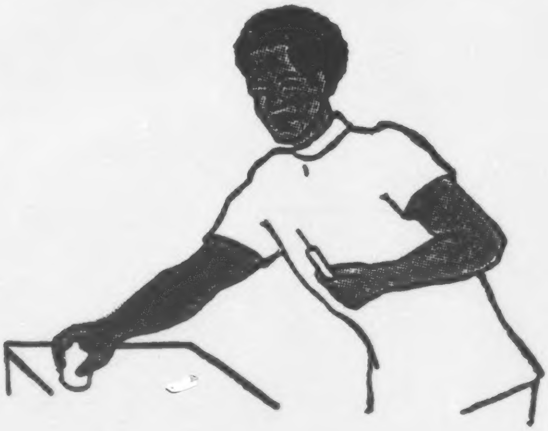
JOB STEPS

17. Position the needle in the vial so that the tip of the needle is covered with medication.



18. Look at figure 4. Hold the barrel of the syringe and the vial in your left hand. Using your right thumb and index finger, pull back on the plunger until you draw 1cc into the syringe.

19. Withdraw the needle from the vial and then, set down the vial.



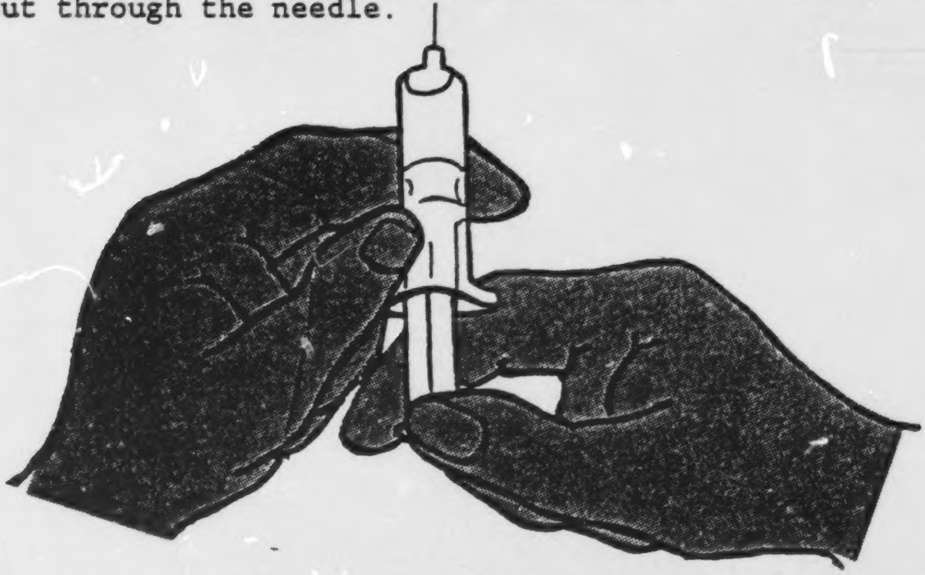
JOB STEPS

20. With needle pointing up straight, hold the syringe and check for bubbles in the solution. If there are bubbles, remove bubbles in the following manner:

    A. Hold the barrel in your left hand.

    B. Using the fingernail of your right index finger, snap the side of the barrel until the bubbles center toward the tip of the syringe.

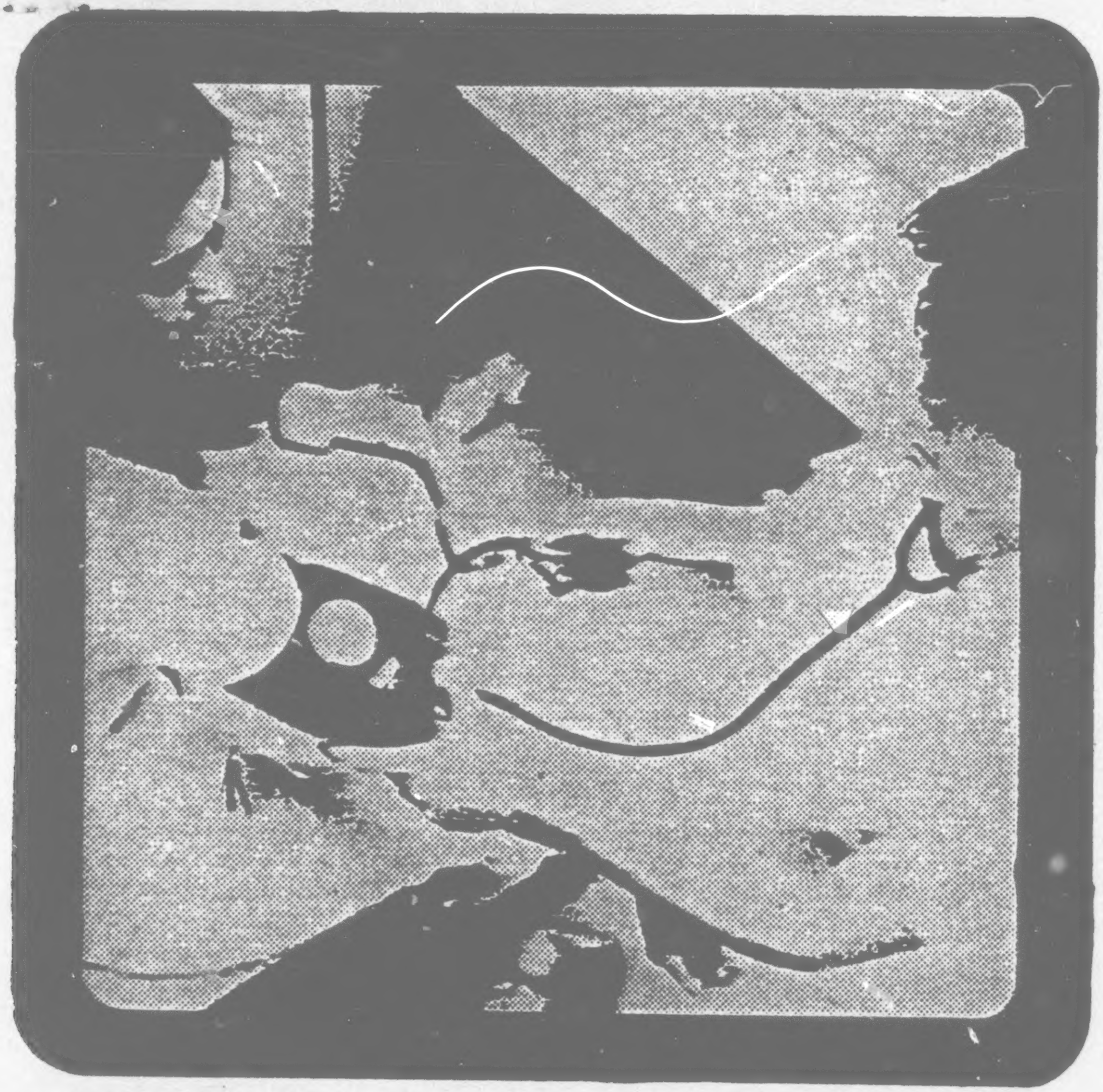
    C. Gently push in the plunger until the air bubbles move out through the needle.



21. Place the needle guard on the needle until ready to give the injection.

22. Using different size syringes and different dosages, repeat the steps until you can prepare each syringe in 30 seconds.

23. When you are ready to be passed, your instructor will write down several doses for you. You will choose the correct syringe for each dose and fill it to the amount indicated.



medical assistant

unit: MEDICATION AND TREATMENT

capital area career center

module: 4401 11 009 date: 6/77 level: I

skill title: How to Clean a Glass Syringe

developed & written by: Beverly Varney

visuals by: Sandra Starnaman

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WORD GUIDE

SYRINGE (Sir-injh) - A piece of equipment used to give an injection or "shot".

PERFORMANCE OBJECTIVE

You are going to learn:

How to care for a used glass syringe.

And in order to do this you will need:

2 used glass syringes with needles removed

A basin

Soap

Bottle brush

Water

Paper towels

A sink with running water

We will know you can do this when:

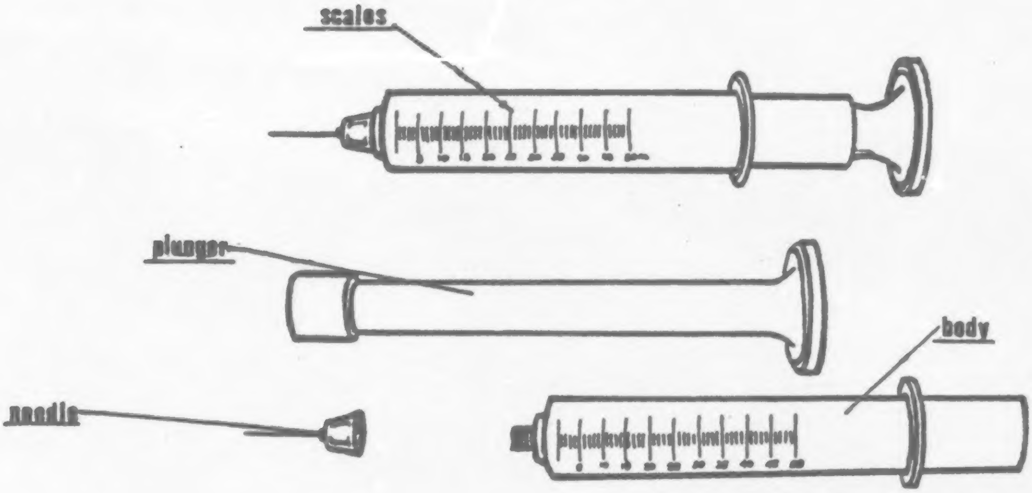
1. You wash all medication or blood from the syringe.
2. You remove all soap after washing the syringe.
3. You wrap, sterilize and store the syringe with the barrel and plunger separated.

WORD GUIDE

CC - Cubic centimeter.

DISPOSABLE - Use once then throw away.

INFORMATION



Most medical offices use only disposable syringes. They save money by saving the time it would take the medical assistant to clean and sterilize them. However, because they must be ordered in large quantities, some doctors use a few glass syringes. However, these non-disposable syringes are usually odd sized and infrequently used. A 50cc syringe is an example of this type of glass syringe.

WORD GUIDE

IMMERSE - Cover with.

JOB STEPS

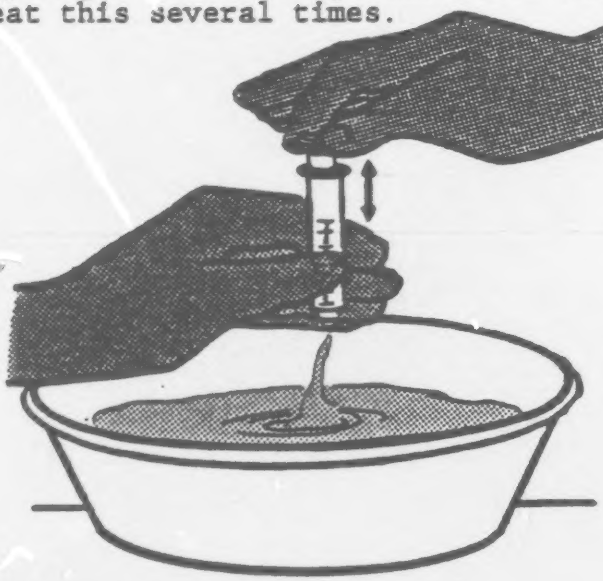
1. Gather your equipment and go to work area.

2. Immediately after the syringe is used, flush it with cold water. To flush syringe:

   A. Hold the barrel of the syringe in your left hand.

   B. With your right hand pull out the plunger until the barrel is filled with water.

   C. Push in the plunger to discharge the water back into the basin. Repeat this several times.

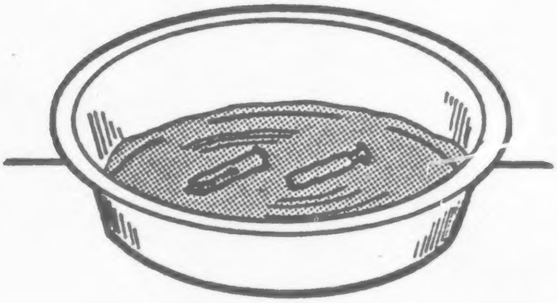


3. Prepare a basin of warm soapy water.

4. Flush the syringe several times with the soapy water.

JOB STEPS

5. Separate the barrel and plunger and immerse them in cold water.



6. Separate the two parts of the syringe. Using the bottle brush, clean the barrel. Take special care to clean around the tip.

7. Wash the plunger. Brush if necessary.

8. Remove all soap by placing the syringe under running water.

9. Rinse with water. Drain on paper towel.

10. Sterilize or store the syringe. Leave the barrel and plunger separate or until you are ready to sterilize it.

    NOTE: The numbers on the barrel and the plunger must match in order to properly fit the syringe.